2009-10

Prince Albert Parkland Regional Health Authority Annual Report to the Minister of Health

PRINCE ALBERT PARKLAND
HEALTH REGION

Healthy Living in Healthy Communities

Letter of Transmittal

To: Honourable Don McMorris
Minister of Health

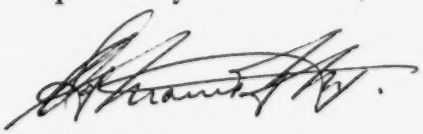
Dear Minister McMorris:

The Prince Albert Parkland Regional Health Authority is pleased to provide you and the residents of the health region with its 2009-10 annual report. This report provides the audited financial statements and outlines activities and accomplishments for the year ended March 31, 2010.

The Prince Albert Parkland Regional Health Authority celebrated many successes in 2009-10, from the grand opening of a brief and social detox centre to expanded dialysis capacity. The Prince Albert Parkland Health Region is also very proud of the response by our team to the pandemic H1N1 influenza, with this Region being among the highest general population immunization rates in the province.

Our success is a result of a dedicated and committed team of health-care providers, physicians and volunteers.

Respectfully submitted,



Board Chairperson

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Appendix A: Payee Disclosure List

Prince Albert Parkland Health Region's
2009-10 Annual Report to the Minister of Health can be found online at:
www.paphr.sk.ca

Our Vision

Healthy Living in Healthy Communities

Our Mission

People, Families and Communities Working Together Towards Improved Health in the Prince Albert Parkland Health Region

Our Values

- Compassion
- Quality, safe care
- Diversity
- Partnerships and collaboration
- Innovation
- Stewardship
- Effectiveness
- A safe work place where our employees, physicians and volunteers feel supported, encouraged and appreciated for the work they perform

Geared up for the Riders
Staff in the Victoria Hospital obstetrics department had their own way to celebrate the Saskatchewan Roughriders' appearance in the Grey Cup in November 2009

Who We Are

The Prince Albert Parkland Regional Health Authority oversees the operations of a heath region serving a geographic area with a population of about 78,000 people. The Prince Albert Parkland Health Region is also a centre for specialty services for many individuals and families in northern and northeast Saskatchewan.

Established in 2002 after the Province of Saskatchewan approved the Regional Health Services Act, the Prince Albert Parkland Health Region includes Kinistino in the southeast to Big River in the northwest, and Hafford in southwest to Candle Lake in the northeast. The largest community is the City of Prince Albert, with a population of about 41,000 according to the Ministry of Health's 2009 Covered Population publication. The Region includes 53 towns, villages, resort communities and rural municipalities, as well as 12 First Nations communities.

Board of directors

The Prince Albert Parkland Regional Health Authority board of directors is appointed by the provincial government. All current members of the board of directors were appointed by Order in Council in February 2009. The board members are:

- Gord Dobrowolsky, chairperson
- Brenda Abrametz, vice-chairperson
- Don Code
- Shirley Bighead
- Doug Byrne
- Grant Cadieu
- Shirley Henderson
- Jerri Olson
- Dale McFee
- Gerry Osmundson
- Ray Ewanchuk
- Allan Jurgens

The board of directors holds nine meetings annually, usually on the second Wednesday of each month. Most meetings are held in Prince Albert, with three meetings held in other communities within the Region.

Health Regions have the responsibility for delivering the following services:

- Acute care services, health centres, wellness centres, and social centres;
- Emergency response services, including first responders, and ambulance;
- Supportive Care—long-term care, day programs, respite, and palliative care;
- Home Care;
- Community health services, such as public health nursing, public health inspection, dental health, vaccinations, and speech pathology;
- Mental Health and Addictions services; and
- Rehabilitation services.

Rural/Urban Community Advisory Network members

Charmaine Bergman	Doug Oleksyn	Alice Tataryn
Karen Elliott	Richard Porter	Harvey Wendel
Lyle Karasiuk	Carol Pryznyk	Doug Byrne (RHA member)
Brent LaFleur	Edwin Rundbraaten	Jerri Olson (RHA member)
Jim Laing	Etta Sackney	
Stan Novicki	Diana Stachniak	

Who We Are

Administration and staff ensure the day-to-day delivery of these services and programs, while the board of directors has six key areas of responsibility:

- Strategic planning;
- Fiscal management and reporting;
- Relationships;
- Quality management;
- Monitoring, evaluation and reporting; and
- Management and performance.

For these six areas the organization is guided in its decision-making process by its own Mission, Vision and Values (see Page 4).

The Authority has developed a committee structure to further the values and goals. Standing committees include the Board Finance Audit Committee (board members only), Practitioner Liaison Council, Rural/Urban Community Advisory Network and First Nations Community Advisory Network. The Rural/Urban Community Advisory Network and First Nations Community Advisory Network have representatives from communities and First Nations throughout the Region (see lists on Pages 6 and 7). They provide feedback to the board about initiatives and strategic planning, and to raise issues affecting health-care services. The Region also has advisory groups specifically addressing primary care requirements in some of the communities where Nurse Practitioners are based. They provide input about local needs and advise on planning for primary health care services in their communities.

Strategic Planning

The Region is in the process of aligning its own strategic plan with the Ministry of Health's Strategic and Operational Directions. The Ministry of Health has Four Pillars for Planning:

- Health of the Individual
- Health of the Population
- Providers
- Sustainability

Each of the four pillars have goals. The Prince Albert Parkland Health Region provides information and reports regarding progress and contributions to achieving those goals. Under Health of the Individual, the Region reports on issues of access (e.g. wait times), quality and safety.

For Health of the Population, work is focused on health promotion and disease prevention, with significant efforts through partnerships with communities and other organizations with common goals.

For Providers, the Region reports on recruitment and retention, workplace wellness and safety initiatives to ensure the right person with the right skills is available to provide the necessary services to meet health care needs.

First Nations Community Advisory Network members

Wayne Ahenakew	Ernie Dreaver
Lorette Dreaver	David Thomas
Penny Burns	Stephanie Bird
Lyndon Tieszen	Deloris Findeday
Eliza Bird	Shirley Bighead (RHA member)
Carol Lafond	Shirley Henderson (RHA member)

Who We Are

Sustainability is focused on accountability, transparency and the effective use of resources—human, financial and infrastructure.

These four Pillars provide the framework for the Prince Albert Parkland Regional Health Authority's accountability to the Minister of Health.

The Region provides information about goals and targets set by both the Ministry of Health and the Regional Health Authority, including successes and challenges in meeting those goals.

Services, programs and partnerships

Prince Albert Parkland operates Victoria Hospital, one of the busiest regional acute care facilities in Saskatchewan, offering a broad range of medical specialties. Those services include pediatrics, orthopedics, internal medicine, general surgery, ophthalmology, obstetrics and gynecology, dental surgery, urology, pathology, radiology, psychiatry, otolaryngology (ear, nose and throat) and podiatry.

Prince Albert Parkland also operates the Shellbrook Hospital, a 20-bed facility serving as the acute-care centre for much of the western portion of the Region. Physician recruitment challenges resulted in the ongoing temporary suspension of acute care services at the integrated facilities in both Spiritwood and Big River. Both Big River and Spiritwood continue to be served by long-term care and community-based programs that are located in those facilities. The community-based programs include Nurse Practitioners. The Region has also arranged for visiting physicians from Shellbrook and Prince Albert to have clinics in Big River and Spiritwood.

The Nurse Practitioners are not only part of the local health care team in those rural communities, but are part of a Primary Care Team of Nurse Practitioners serving communities throughout the Region. They all play an important role in the Region's primary care strategy, attempting to ensure access to everyday health-care needs.

The Region also operates 11 long-term care facilities (for individual requiring special care home placement) in 10 communities. Public Health, Home Care, Mental Health and Addiction services are also available throughout the Region, with staff either based in communities or providing services with visiting professionals.

In order to deliver the necessary programs and services, the Region partners with a number of organizations. The largest single partner is Mont St. Joseph Home Inc., an affiliated special care home in the City of Prince Albert. Other community-based partners provide services in a number of areas, including addiction services, mental health services, crisis support services and primary care.

The Region also works with contracted ambulance services based in Prince Albert, Big River, Spiritwood and Blaine Lake.

The Region requires that partners follow reporting mechanisms to ensure accountability from all of the health care organizations that receive funding.

A new partnership this year, is Prince Albert Early Intervention Program which de-

Health Care Organizations

Prince Albert Co-operative Health Centre
SHARE (Self Help and Recreation Education)
Prince Albert Early Intervention Program
Family Futures
Canadian Mental Health Association
Prince Albert Grand Council
Mobile Crisis
Mont St. Joseph Home Inc.
Parkland Ambulance Care
Spiritwood Ambulance Care
Blaine Lake Ambulance Care
Muskeg Lake Cree Nation

Who We Are

livers the Kids First Community Development program for the rural east side of the region.

Self Help and Recreation Education (SHARE) provides vocational and pre-vocational opportunities for persons with mental illness in Prince Albert. SHARE also operates a group home for clients discharged from Mental Health Inpatient Villas at the Victoria Hospital.

Canadian Mental Health Association (CMHA) assists people with emotional and mental illnesses to live in the Prince Albert community independently. CMHA offers clients easier-skilled jobs and pre-vocational training. This includes employment at As Good As New (a used clothing store in Prince Albert), and obtaining skills training through the quilting projects, shopping skills project, and other life skills.

Family Futures provides parent support for the eastern part of the Region. Workers provide counseling, referral and emotional support.

Prince Albert Co-operative Health Centre is home to the Methadone Program for IV drug users. The clinic's physicians provide services at the Birch Hills Health Centre – one of the Region's Primary Care sites. The Co-operative Health Centre also supports the Dental Project, a school-based dental treatment program for several schools within the City of Prince Albert.

Prince Albert Grand Council provides the Kookum Project, which links Aboriginal Elders with IV drug users on the Methadone program.

Mobile Crisis Cooperative provides 24-hour service to individuals in crisis, with services including a crisis phone line, mobile workers who attend to the clients, and a sexual assault program.

The Region has an operating agreement with the Muskeg Lake Cree Nation, located west of Leask, for funding for the care of 15 residents who require Level 3 and 4 care. The clients are residents of the Muskeg Lake Elders Care Home, which is licensed as a 30-bed Personal Care Home. The agreement is a pilot project, providing on-reserve Special Care home Spaces. The criteria for admission is the same as other special care home beds within the Region. The two-year pilot project ran until March 31, 2010, and has been extended for another year by the Ministry of Health.

The Region's partnerships are a valuable resource and monitoring their performance and effectiveness is one way to reduce risks for the Region. However, Prince Albert Parkland has other risks that must be managed to ensure effective use of taxpayer dollars and continued capacity to meet health care needs.

Human Resources

One of the most significant risks to the Region's activities is human resources, both professional and support staff. The human resources risks takes on two basic categories—recruitment and retention issues and lack of casual replacement staff.

The Region does not have a large pool of casual staff for replacing absent workers

(vacation, sick time, etc.). This often leads to either the inability to grant vacation time (reducing staff morale and increasing employee burnout), or the replacement is done at overtime. In 2009-10, Prince Albert Parkland Health Region spent almost $6 million on wage driven premiums, much of that overtime for staff replacing absences. The Region is examining its replacement policy and exploring solutions to reduce the impact of wage driven premiums. These are an additional cost with no resulting increase in productivity—the same number of patients can be cared for, but the cost of providing the care is higher.

The Region is also struggling to recruit specialized professionals (psychologists, physiotherapists). This has a direct impact on the ability to provide high quality care for people in need. Those recruitment challenges are region-wide. The recruitment to fill many positions in rural communities presents a different challenge. The Region is reviewing its hard to recruit bursary awards and incentives to determine the most effective use in recruiting specialized professionals.

Prince Albert Parkland also faces challenges to recruit and retain physicians. The Region is relying heavily on physician groups in Prince Albert and Shellbrook for primary care in rural areas, and there are concerns about long-term viability. There also continues to be concerns about specialist services with small groups doing significant call—three to five physicians doing call for most areas that have 24-hour coverage requirements. The Region is looking forward to working with the provincial physician recruitment agency to address areas of concern in the coming years.

Infrastructure

In addition to those challenges, Prince Albert Parkland is examining solutions to infrastructure challenges, including:

- aging facilities—Shellbrook Hospital, Parkland Terrace (Shellbrook), Pineview Terrace (Prince Albert)
- Capacity at Victoria Hospital (Prince Albert);
- Capital equipment, with resources needed to maintain and upgrade; and
- Information technology to support new clinical requirements and the electronic health record, addressing system capacity and human resources to implement, maintain and train users.

Planning for major capital projects in Prince Albert and Shellbrook is underway, including the replacement of two aging long-term care facilities and a community hospital. The Region has also taken significant steps in planning for the redevelopment of the Victoria Hospital and the Regional Health Centre site.

The other infrastructure challenges also need to be addressed, but the financial resources are often dependent upon federal or provincial government funding or donations. This model of funding often results in some years having significant resources, while in others years there is little funding available. It can create chal-

Recognition
Dr. Mohammad Hussain, left, and Dr. Louis Poulin were recognized with Lifetime Achievement Awards at the Prince Albert Parkland Regional Health Authority's 2009 Health Excellence Awards.

lenges for long-term planning for equipment replacement and upgrades.

The Region is exploring different models to ensure it can continue to meet information technology and information management (IT/IM) requirements. New equipment and programs to enhance patient care, improve safety and reduce errors, often include significant information technology and information management support. The Region is working to ensure that IT/IM capacity can meet the needs, and that those considerations are recognized early in the development of new programs and purchase of new equipment.

Putting patients first

The Region is also responding to recommendations from the Patient First Review, a comprehensive examination of the province's health care system from a patient's perspective. This includes examining methods to reduce wait times, improve communication between patients and providers, and ensure that service provision is designed to provide the best possible outcomes and experiences for our patients, long-term care residents and community clients.

In addition to responding to the Patient First Review, the Region has undertaken several initiatives to improve quality of care, patient satisfaction and staff engagement. These include:

- Releasing Time to Care initiatives at the Shellbrook Hospital and Victoria Hospital (Level 4—Surgery), which are aimed at increasing nursing time with patients;
- Surgical Value Stream development and the Surgical Information System to reduce wait times throughout the process and improve communications between different departments and people involved; and
- Critical Care Response Team initiated on Level 4—Surgery at the Victoria Hospital, which is a support team from the Intensive Care Unit which can respond to a potential crisis before a patient deteriorates to point of cardiac arrest.

All of these initiatives require significant input and involvement of staff, who assist in identifying unnecessary steps and gaps that will benefit the people we serve.

The Region also saw the opening and expansion of existing services to meet the needs of the population, those include (details in performance results section):

- Brief and Social Detox Centre, (8 brief detox and 6 social detox beds), Regional Health Centre, Prince Albert, October 2009;
- expansion of the hemodialysis unit, Victoria Hospital, January 2010;
- new Laboratory Service Centre, Prince Albert, December 2009

The Region's employees, physicians and volunteers are committed to high to providing the best quality of care in a safe environment, and ensuring that patients, long-term care residents and community clients are treated with compassion and respect. The Region will consistently review how its day-to-day business is done, and to be innovative to meet the health care needs of the population.

Career interest
PAPHR Human Resources staff were among the many health region and other partners who participated in the Region's second annual career fair held in March 2010. The event attracted more than 500 students and individuals interested in health care careers.

Our Region

The Prince Albert Parkland Regional Health Authority is located in central Saskatchewan. More than 70 per cent of the Region's 77,668 (Ministry of Health, Covered Population, June 30, 2009) residents live within 30 minutes driving time of the City of Prince Albert – the Region's largest community with a population of about 41,000.

The rest of the population is spread throughout the Region, which spans from Big River in the northwest to Kinistino in the southeast, and from Hafford in the southwest to Candle Lake in the northeast.

A significant portion of the Region, more than 30 per cent[1], identify themselves as Aboriginal – First Nations, Métis or Inuit. Other than the City of Prince Albert there are four communities, four First Nations reserves and five rural municipalities in the Region that have more than 1,000 population.

Except for the three northern health authorities, Prince Albert Parkland has Saskatchewan's highest percentage of Aboriginal population as a proportion of total population[2].

In January 2008, the Report on the Health Status of Residents of the Prince Albert Parkland Regional Authority was released. The report provides valuable information for health-care providers, our community partners and stakeholders. The Health Status Report is a valuable tool as the Prince Albert Parkland Regional Health Authority implements and plans for programs and services today and into the future.

Health Status

The Health Status Report includes information that examines not only current health-care concerns, but also the physical and social environment that influences people's health. From education and employment rates, to discussions about healthy lifestyle choices, the Report provides a baseline for future measurement. The full report can be found online at www.paphr.sk.ca under News & Information—Publications. The report highlights a number of issues when compared to the rest of the province and country:

- the population is relatively young (Chart 1, Page 12),
- relatively poor,
- relatively less educated,
- very injury prone; and
- ethnically, culturally, economically, and politically diverse

Almost a third of the Region's population is of Aboriginal ancestry. There are a number of First Nation communities, each with its own governing bodies, and two First Nation Health Authorities providing health care within the boundaries of the Health Region. Although this diversity enriches the community, it does present chal-

1—Statistics Canada
2—Statistics Canada, Aboriginal identity

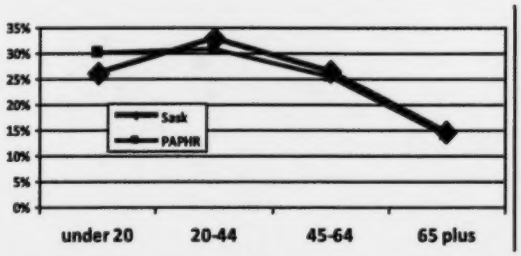


Chart 1: PAPHR Population by Age Category
The Prince Albert Parkland Health Region has a slightly younger population than the rest of the province, with a higher percentage of people under the age of 20 than the rest of Saskatchewan.
(Ministry of Health, 2009 Covered Population)

Our Region

lenges in meeting the health care needs of its residents. There are numerous areas of concern, which include:

- A high mortality rate among young people. The rate[1] is at least 15% above the provincial average for age groups starting at one year of age and leveling off at age 65. That is cause for concern. Injuries account for a great many of these deaths.
- Injury and diabetes represent two potentially preventable events that not only cause death, but considerable disability. The Disability Free Life Expectancy (DFLE) at birth is lower than the provincial average. When measured at age 65, our DFLE is the same as the provincial average[2].
- Cancer of the lung is the most common cause of cancer death for men and women in the Region[2], with rates higher than the provincial average.

The Health Status Report is a comprehensive summary of the health of Prince Albert Parkland Health Region residents. Health is much more than medical needs, and there are many non-medical factors that influence health that have a major impact on the health of the population. At almost 78,000 people[3], the population of Prince Albert Parkland Health Region makes up 7.6% of Saskatchewan's population. This number has been relatively stable in recent years. Much of the Region's population is concentrated around Prince Albert—more than 50% live within the city.

Demographics

The population of Prince Albert Parkland Health Region is slightly younger than that of the province, with higher percentages of children and young adults (Chart 1). In contrast, the Region has proportionately fewer people in the young adults and middle age categories. Population projections for PAPHR suggest continued growth, due to the relatively young age structure of the population. Natural increase, due largely to higher birth rates, is larger for PAPHR than the province.

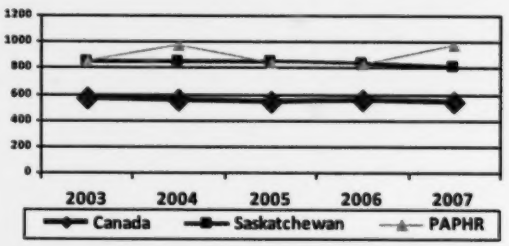
PAPHR has a much higher Aboriginal population, 31.4% (2001), than Saskatchewan or Canada (13.6% and 3.4% respectively). In contrast, there is a very small immigrant population.

Self-rated health information from the Canadian Community Health Survey provides insight into how PAPHR residents rate their own physical and mental health:

- 58% of PAPHR residents rate their health as "very good" or excellent";
- 43% of PAPHR residents report having high self esteem;
- 82% of PAPHR residents report "low" or "moderate" life stress; and
- almost 70% of PAPHR residents rate their own mental health as "very good" or "excellent."

1—Vital Statistics birth and death rates, Saskatchewan Ministry of Health
2—Report on the Health Status of Resident of the Prince Albert Parkland Regional Health Authority
3—Covered Population, Saskatchewan Ministry of Health

Chart 2: Injury Hospitalization Rates for PAPHR, Saskatchewan and Canada
PAPHR has a similar injury rate (per 100,000 population) as Saskatchewan, but both remain significantly higher than the rest of Canada.



Our Region

However, health statistics from other sources present a less favourable picture:

- Although PAPHR residents appear to have a similar life expectancy to Saskatchewan residents[1], mortality rates (death rates) are higher for PAPHR residents overall. This discrepancy in mortality rates is most apparent in the 25 to 44 year age group, at 42% above provincial rates. Males have higher death rates than females.
- The top causes of death in PAPHR[2], ranked by number of cases, are: 1) circulatory system disease, 2) cancer, 3) injury/poisonings/accidents, 4) respiratory disease, 5) endocrine/nutritional/metabolic (i.e. primarily diabetes).
- Death rates from injury/accidents and endocrine (i.e. diabetes) are much higher in PAPHR than SK; 35% and 46% higher respectively.

Infant mortality rates in PAPHR are similar to those of the province[3]; however this calculation includes only live births. When accounting for stillbirths, two other indicators—perinatal mortality rate and stillbirth mortality rate—show a different pattern. This Region has higher perinatal mortality rates than the province, a rate that appears to be increasing. The same pattern is evident for stillbirths.

High-risk lifestyles

Injuries are devastating to the residents of Prince Albert Parkland Health Region[4]. Saskatchewan has one of the highest injury rates in Canada (falling behind the North West Territories, Yukon and Nunavut), and the injury hospitalization rate for PAPHR is similar to that for the province. Males make up 61% of injury hospitalizations. The Region has a proportionately higher than average number of injury hospitalizations in younger age groups, with the largest differences found in children under 14 years and adults 25 to 44 years. There is limited information about specific types of injury in PAPHR, but the leading cause of injury hospitalizations in Canada are: falls (57%), motor vehicle collisions (14%), being struck by objects or colliding with another person (5%), and assault (4%).

Another major health challenge is the epidemic of obesity in PAPHR[5]. One in four residents are "obese" (body mass index of 30 or higher), a rate that is higher than national and provincial rates. This is just one area where lifestyle choices and behaviours are having a significant impact on health status and the increasing need for health services in the population served by Prince Albert Parkland. The proportion of Saskatchewan residents that are overweight/obese is significantly higher than the Canadian average, with Prince Albert Parkland residents faring worse. The most recent data shows that approximately two-thirds of PAPHR residents are over-

1—Vital Statistics birth and death rates, Saskatchewan Ministry of Health
2—Vital Statistics leading causes of death, Saskatchewan Ministry of Health
3—Vital Statistics birth and death rates, Saskatchewan Ministry of Health
4—Canadian Institute for Health Information, CIHI Indicator Reports
5—Statistics Canada, Data Tables and Maps, Health Status, Health Conditions. Adult Body Mass Index. Data from CCHS 2005.

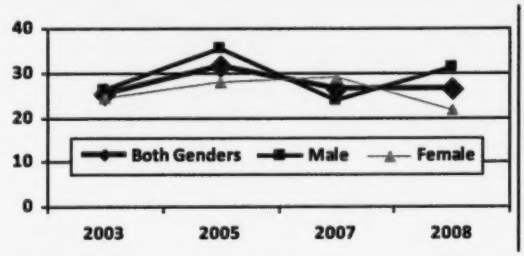


Chart 3: Per cent of occasional or daily smokers, PAPHR, 2003-2008
The Prince Albert Parkland Health Region smoking rates have not changed significantly from 2003 to 2008.

Our Region

weight (body mass index between 27 and 30) or obese, including about three quarters of all adult men.

Prince Albert Parkland activity/inactivity rates are similar to those of the province[1]—approximately half the Region's population considers themselves to be inactive during leisure time. Saskatchewan activity rates are significantly lower (which means inactivity rates are significantly higher) than those for Canada. For Canada and Saskatchewan, males are more active than females, but for PAPHR there appears to be little difference between genders with little variation in recent years.

In addition to being less active, Saskatchewan residents eat fewer fruits and vegetables than Canadians overall, and eating habits for PAPHR residents are similar to those for Saskatchewan. Sixty per cent of all PAPHR residents[1] eat fewer than five fruits and vegetables per day. Females appear to consume fruits and vegetables more frequently than males.

Tobacco Use

Of all Canadian provinces, Saskatchewan has the highest proportion of residents that smoke[1]. For both youth and residents of all ages in Saskatchewan, percentages of occasional or daily smokers are significantly higher than Canadian statistics. Although data is limited, the proportion of PAPHR youth that smoke are similar to that for Saskatchewan. The data show smoking rates are higher for female youth than male youth in PAPHR. Overall smoking rates for PAPHR residents have remained have varied from about 25 to 30 per cent since 2003, with the approximately one in four people reporting smoking in 2008 (Chart 3).

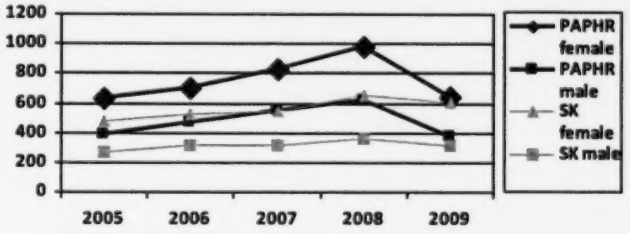
The health implications of lifestyle choices are very apparent in the Prince Albert Parkland Health Region. Too much of the population is obese, not just overweight. These lifestyle issues (poor food choices, lack of activity) affect the burden of many health conditions including diabetes, heart disease and stroke. Although tobacco use has decreased nationwide to about 19 per cent, it remains around 30 per cent in Prince Albert Parkland.

Sexually transmitted infection concerns

A growing concern in the Prince Albert Parkland Health Region is the rate of sexually transmitted diseases[2]. The rates for chlamydia and gonorrhea are higher than provincial rates. The number of new HIV cases in PAPHR appears to be increasing dramatically. Hepatitis B and Hepatitis C are commonly transmitted through intravenous drug use. Hepatitis B has similar rates of occurrence to the province. Hepatitis C appears to have higher rates of occurrence than the province. Youth and young

1—Statistics Canada, CCHS 2007/08
2—Saskatchewan Ministry of Health, 2009 data is preliminary

Chart 4: Chlamydia Crude Incident Rates, PAPHR and Saskatchewan, 2005-2009
Saskatchewan Ministry of Health, 2009 data is preliminary. Rates are per 100,000 population



adults, particularly intravenous drug users and sex-trade workers, are impacted by these diseases.

Hepatitis C virus (HCV) is transmitted sexually or through injection drug use, and is a good marker of injection drug use in a community. New cases of HCV continue to emerge at a steady rate in PAPHR, particularly in men, and PAPHR rates for both genders are higher than provincial rates. From 2001 to 2009, the crude incidence rate for males in PAPHR has remained at about 200 per 100,000 population, compared to the Saskatchewan rate of about 74. For females, the rate in PAPHR has varied from a high of 160 in 2001 to less than 100 in 2002 and 2007. The rate in 2009 is again over 100. The Saskatchewan rate has increased from 49 to 60 in the same time period for females.

The rates for other sexually transmitted infection has been rising in the past five years. Until 2009, the data shows an upward trend in new cases of Chlamydia (Chart 4), particularly in females.

A similar trend is apparent for gonorrhea where rates for females in PAPHR has increased from about 100 per 100,000 population in 2005 to almost 400 in 2008. The data for 2009 shows a decline to just over 160. For males in Prince Albert Parkland, the gonorrhea rate has a similar tracking, from a low of 67 in 2005, to a high of 317 in 2008. The 2009 rate for PAPHR males is 132. In Saskatchewan, the trend for gonorrhea infections has been as much as half or two-third the rate of PAPHR.

High-risk behaviour

In combination with risk-taking behaviours, such as intravenous drug use and unsafe sexual practices, the rates for HIV infections continue to increase in Prince Albert Parkland. The crude incidence rate for Prince Albert Parkland has doubled for females and males from 2005 to 2009[1].

This mirrors the changes in the rates in Saskatchewan from 8.5 to 17 for females and from 7.2 to 21.3 for males. The rate may be a result of better access to testing and finding more cases that had already existed; however, that increase in such a short period of time is a significant concern. The number of active cases in Prince Albert Parkland has grown from 11 (both sexes) to 24 in the same time period.

Sexually transmitted infections are also an increasing concern after a significant jump in the number of syphilis cases was seen in 2009.

Although there had been cases elsewhere in Saskatchewan in the past five years, there had been none in Prince Albert Parkland—increasing to six in 2009. The Region is investigating, along with the Ministry of Health and other health organizations, to track contacts and raise awareness about the need for safer sexual practices.

1—Saskatchewan Ministry of Health, 2009 data is preliminary

Chart 5: Highest level of schooling for general population and aboriginal subgroup	General Population[1]		Aboriginal Population[2]	
	PAPHR	Sask.	PAPHR	Sask.
Less than Grade 12	31.5%	27.6%	44.0%	45.0%
Post-secondary graduate (certificate/ diploma/degree)	49.6%	51.6%	35.3%	34.0%

1—Data from Statistics Canada 2001 Census, ages 20-29 for "less than Grade 12", ages 25 to 54 for "post-secondary graduates".
2—Data from Statistics Canada, 2001 Census Aboriginal Population profiles for aboriginal identity 25 years and over.

Our Region

Social determinants impacting health

Research has found that health care services have a much smaller role in affecting health than is commonly assumed. There is a growing awareness that other factors, such as the social determinants of health, play a stronger role in influencing the health of a population.

The average earnings[1] of Prince Albert Parkland residents was $24,336 in 2001. This falls slightly below the provincial average. The average earnings of females in PAPHR was 32 per cent lower than males. The earnings of Aboriginal people was 20% lower than the general population in PAPHR.

Fifteen percent of the Region's residents have an income below the low-income cut-off[2], meaning that they may be living in an impoverished state. One quarter of children in PAPHR live in low-income families. Both of these numbers are higher than provincial numbers.

Food security[3] is a major issue in our region. Provincially, one in 10 households have inadequate access to food; this problem is even more pronounced in Aboriginal people where one in three households (and 40% of households with children) are food insecure.

Since many individuals are financially disadvantaged and the Region has a large Aboriginal population in PAPHR, it can be presumed that the food security status of the population is bleaker than the provincial situation.

Mental health and community support

Support from families, friends and communities is associated with better physical and mental health[4]. This support may help people solve problems, deal with adversity, and enable them to maintain a sense of control over their life[5].

The Canadian Community Health Survey (2005) collected information about an individual's sense of belonging in their community for people aged 12 and over. The majority of PAPHR residents (almost 75%)[4] report a strong sense of community belonging. Approximately one in four PAPHR residents report a weak sense of community belonging. This is similar to provincial numbers. Provincial and national data suggest that sense of community belonging may increase with age.

Education is a widely used indicator of socioeconomic status, and health status improves with level of education[5]. Education enhances health and prosperity by providing knowledge and skills for problem solving, and helping to provide a sense of control over life circumstances.

1—Statistics Canada, 2001 Community Profiles. All data. Data from 2001 Census of Population
2—Statistics Canada, Low Income Rate (2000 income) by Household Status. Data from 2001 Census.
3—Health Canada. CCHS Cycle 2.2. Nutrition (2004). Income-Related Household Food Security in Canada.
4—Statistics Canada. Data Tables and Maps. Non-Medical determinants of health. Sense of community belonging. Data from CCHS 3.1 (2005)
5—Public Health Agency of Canada. Population Health. What determines health?

Jubilee Lodge re-opening
Prince Albert Parkland Health Region CEO Cecile Hunt speaks at a grand re-opening of the older wing at Jubilee Lodge, a long-term care facility in Kinistino, in May 2009. Major renovations improved the living space for the residents.

Our Region

Those with low literacy are more likely to be poor and unemployed, suffer from worse health, and die earlier than other Canadians[1]. Those with higher levels of education have better access to healthy environments, are better able to prepare their children for school, and tend to make healthier choices (e.g. physical activity, nutrition and smoking)[2].

High school drop-outs are more likely to live in lone parent or "mixed" (other than "nuclear") family situations, are less likely to have a parent with a high school or post-secondary education, are more likely to have worked at a job for more than 30 hours a week in their last year of high school, and are more likely to have children or be a single parent[3]. Unfortunately, children of these individuals will also be less likely to finish high school.

Compared with Saskatchewan, a higher proportion of PAPHR residents have not finished high school—almost one in three residents (Chart 5, Page 16).

A much higher proportion of Aboriginal people have not finished high school (Chart 5, Page 16). The proportions of those who have completed post secondary schooling are similar for PAPHR and the province. A much lower percentage of Aboriginal people have post secondary qualifications.

Housing and family structure

Housing affordability is a measure that counts households that spend 30% or more of total household income on shelter expenses such as utilities, mortgage payments, property taxes, or rent.

Households are considered to have affordability problems if more than 30% of household income is spent on housing costs, since in these cases it is likely that inadequate funds will be available for other necessities (food, clothing, and transportation). Housing affordability is more problematic for renters than owners.

Housing affordability patterns appear similar for PAPHR[4] and the province. More than one in three rental households, and more than one in 10 home ownership households spend an excessive amount of their household income on housing expenses.

The family structure of PAPHR differs somewhat from provincial numbers. The Region has a higher percentage of lone parent families, particularly female lone-parent families—15 per cent in PAPHR versus 12.9 per cent for Saskatchewan[5].

Prince Albert Parkland has a similar proportion of couple families with children,

1—Public Health Agency of Canada. Toward a Healthy Future—Second Report on the Health of Canadian. Chapter 2: The Socioeconomic Environment.
2—Public Health Agency of Canada. Population Health. What determines health?
3—Public Health Agency of Canada. Population Health. Education as a Determinant of Health.
4—Statistic Canada. Data Tables and Maps. Non-Medical Determinants of Health. Housing Affordability. Data from Statistics Canada 2001 Census.
5—Statistic Canada. Data Tables and Maps. Non-Medical Determinants of Health. Lone-parent families. Data from Statistics Canada 2001 Census.

Community Partnership for Safety
The P.A. Active Transportation's Bicycle Recycle program distributed 10 bikes and 13 helmets to the Bernice Sayese Centre for its summer program. The initiatives involves many community partners including the Prince Albert Parkland Health Region, Riverbank Dev. Corp., Habitat Restore, Fresh Air Experience, Genes Sport Excellence, and Lakeland District for Sport Culture & Recreation.

Our Region

and fewer single person households.

In addition to the lifestyle choices and high-risk behaviours that can lead to poor health, there are several areas where preventative actions could improve health for residents of the Prince Albert Parkland Health Region. There is room for improvement in the Region's immunization rates[1]. Although immunization rates for children under two years of age and seniors (influenza) appear to be slowly increasing, the Region remains somewhat lower than provincial rates and well below national target rates. The influenza immunization coverage rates for PAPHR staff remain well below target.

Effective public health screening measures include mammography and pap smear, but the rates for PAPHR remain well below provincial rates in both cases[2,3].

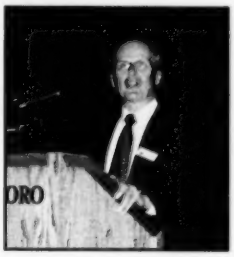
Health status challenges

There are several important areas that the Region must address; however, it is not only the health care system that can impact people's health. The Region does have some troubling social indicators of health, particularly in areas of high-risk behaviours that lead to disability and death among the Region's young population.

The Region will continue to work with urban and rural municipalities, First Nations, community organizations, school divisions and post-secondary educational institutions, to help build community and individual capacity to improve the health status of the people of this Region.

1—Saskatchewan Ministry of Health. Population Health Branch. Saskatchewan Immunization Management System database.
2—Statistics Canada. Data Tables and Maps. Screening Mammography. Data source was Canadian Community Health Survey Cycle 3.1 (2005)
3—Saskatchewan Cancer Agency. Screening. Prevention Program for Cervical Cancer.

Saying thank you
Gord Dobrowolsky, chairperson of the Prince Albert Parkland Regional Health Authority, thanks the Region's 3,500 volunteers during a special recognition event in April 2009. Each year the Region's volunteers provide about 48,000 hours of service for many programs and facilities throughout the Health Region.



2009-10 Performance Results

The Prince Albert Parkland Regional Health Authority experienced many successes and some challenges in providing services to the people in the Region and the province during the 2009-10 fiscal year.

The highlights include new programs and expansions of existing services, while the challenges continue to be related to availability of human resources—particularly in rural areas—required to ensure continuity of care and access to needed services.

The Ministry of Health developed new Strategic and Operational Directions for the Health Sector during this year, and Prince Albert Parkland was in the process of adapting its own Strategic Plan to reflect on the four pillars from the Ministry of Health:

- Health of Individual
- Health of the Population
- Providers
- Sustainability

These four pillars will be reflected in the Region's revised strategic plan, which will ensure we continue to focus on priorities and advice from the provincial Patient First Review. Those priorities included reduced wait times for elective surgery, access to primary health care providers and improved communication by listening to the voice of the people we serve.

While the Strategic Plan is being revised, the Region's administration continues to report on achievements and challenges of the Regional Health Authority's goals and objectives. The plan reinforces the Region's mission and vision, and defines the values that are to guide the decisions of the board and senior management, as well as the day-to-day delivery of health care services and programs.

Reporting on goals

The goals represent the services the Region provides, the efforts to reduce illness and injury, and the resources required to achieve these goals. The board of directors will require reporting on each of the goals and objectives. Within the Strategic Plan are tools for measuring progress. These measurements usually correspond with existing reporting requirements such as those for the Ministry of Health or the Canadian Institute for Health Information. The board of directors receives regular reports on the Goals and Objectives. The four goals are:

- Ensure access to quality health care
- Empower individuals and communities to improve their health status
- Foster an innovative, safe, quality and diverse workplace
- Support a sustainable, accountable, efficient and quality health care system

This section, organized by service area and management portfolio, will outline the Region's successes and challenges in working towards the achievement of those

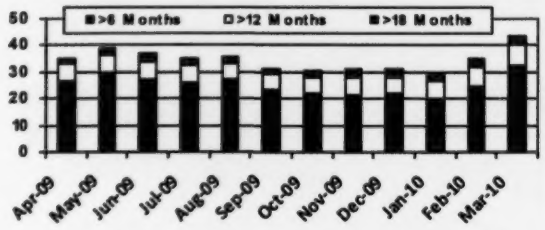


Chart 6: PAPHR Surgical Wait Times, Percentage of all patients on wait list
The number of patients waiting for elective surgery for more than 6 months, 12 months and 18 months, has been increasing during the year and compared to the previous year, despite Region exceeding its target for surgical cases in 2009-10

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goals and the priorities identified by the Ministry of Health.

The integrated health services group, which includes acute care, long term care, home care, medical social services and nursing mentorship has been targeted with many challenges this year. The largest of these has been the attempt to reduce wait lists for surgery to less than three months by 2014. The Region is currently not achieving targets regarding wait times, with many individuals waiting for surgery for more than 6 months, 12 months and 18 months (Chart 6).

Surgical wait times

In our initial efforts to begin to address this, the region decided to take advantage of learning the LEAN process. This learning involves looking at processes to identify how we are wasting time, energy and resources and delaying the end result. This process was used to begin to map the Surgical Value Stream, or the process that happens to people when they are booked for surgery until they leave the hospital. The province is also looking at mapping this process from a provincial perspective including travel from the North to larger centres and travel home again that might impact why someone is not able to access surgical services. Our staff is involved at the provincial level as well as locally.

The process began at the Victoria Hospital in the fall of 2009. Staff that provide this service were directly involved and were able to identify a very long process that our patients go through that not everyone was aware of. The groups quickly identified some quick hits that would remove some of the barriers patients were experiencing and some "Kaizan" projects. Kaizan is the process of resolving a problem where a specific issue, such as waiting for lab results before surgery can begin, is examined and solutions to reduce this time spent waiting are put into place. As this process continues the surgical staff hope to decrease wasted time for the patient to make the transition through our surgical journey comfortable and seamless.

One of the issues we had difficulty with was those patients waiting for placement in long-term care facilities. With the support of the Regional Health Authority's Board of Directors, a "first available bed" policy has been instituted. The implementation of this policy was not without concern, moving people away from loved ones to a bed anywhere in the region creating travel for families. The flip side of the issue is a lack of acute-care beds that resulted in frequent cancellations of surgery, often for people who had already been waiting a significant amount of time for their procedure.

The new process began in September of 2009 to areas across the Region. Individuals and their families understood all the reasons why this was done, but many had valid reasons around their own hardships as a result. Fortunately the wait to return back to their facility primarily in the Prince Albert area has been relatively short—32 days (as of January 2010). A total of 15 individuals had been transferred to facilities

Special Anniversary

The Prince Albert Parkland Health Region celebrated the 20th anniversary of the Renal Dialysis Program at Victoria Hospital, along with the expansion of the program, at an event in March 2010. Guests included area Elks and Royal Purple club members who have raised money for dialysis machines, along with other major donors, as well as special guests from the St. Paul's Hospital dialysis unit (the home unit for the Prince Albert program).

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other than their first choice, with 12 going to Jubilee Lodge in Kinistino, two to Birchview Home in Birch Hills, and one to Spiritwood and District Health Complex.

This has helped reduce cancellations. In conjunction with this the group ran a pilot project titled Acute Care Access Plan. This involved a team consisting of nursing, social work, nursing supervisor, and physician specialist consult reviewing all those presenting for admission to the hospital via the emergency room or admitting with their significant caregivers. The project was successful in that movement through the facility was more in line with established national standards for lengths of stay, no surgeries were cancelled and, most importantly, the patient and family were aware of all the care needs they would have addressed during their stay. The region has not continued with this project as permanent funding has not been received to date. Temporary positions are not meeting the needs of the patients with large staff turnover.

At the end of June 2009, there were 11 individuals waiting placement for long-term care in PAPHR acute care units. By March 2009, the number of individuals in acute care waiting placement for long-term care had been reduced to five.

Even with these measures the Region fell short of goals for wait times (Chart 6, Page 20) as well as the target of 250 hip/knee surgeries. Approximately 30% of the Region's surgical cases coming through the doors are emergent or urgent surgeries. This involved calling back nurses, operating room technicians, surgeons and anesthetists. This has impacted those people booked for elective surgeries as these emergent/urgent surgeries take precedence. Space is limited as indicated in the scope of service document produced for functional planning at the Victoria Hospital site.

Shellbrook Hospital continues providing emergency services to a growing number of patients. This hospital serves traffic flowing along three highways and a large number of First Nations Communities. The impact has required additional nursing staff be added to address patient safety.

Dialysis program expansion

In early 2010, the Region increased capacity for renal dialysis at the Victoria Hospital. An additional 12 patients per week are now able to access dialysis treatment closer to home following the expansion of the hemodialysis unit. The expansion came as the unit celebrated its 20th anniversary.

The Ministry of Health provided one-time funding of $180,000 to support the expanded capacity, as well as $550,000 in annualized operating funding. The expansion will provide an additional 1,872 treatments each year, with capacity now 7,488 treatments annually. The dialysis unit at the Victoria Hospital is a satellite program of the Saskatoon Health Region's program based at St. Paul's Hospital.

Home Care has been addressing fall prevention by hosting the regional committee

Career opportunities
A dozen PAPHR staff members from throughout the Region were involved in a program to enhance skills and eventually becoming journeyman cooks. The program was done in partnership with SIAST Woodland Campus.

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and targeting seniors at Wellness Clinics across the region on ways to prevent falls. They continue to provide hands on care for bathing, meal preparation and relief for caregivers as well as nursing, therapies and assessment services. Entry into for long term care is also achieved through the Home Care assessment.

Long-term care is implementing the medication reconciliation process across the region to prevent medication errors. Currently Birchview Home in Birch Hills and Hafford Special Care Home have implemented this process. This happens at admission to the homes, to make sure staff have a person's best possible medication history, and then it is reconciled with their physician or nurse practitioner.

Medical social services, working primarily from the Victoria Hospital, cares for vulnerable people struggling with issues outside of hospital walls that often are the reason for their being in hospital. By partnering with First Nations communities, provincial and local organizations, appropriate follow-up can be in place when these individuals leave our care.

Mentoring new nurses

Nursing mentorship is a program intended to prepare experienced nurses for mentoring new graduate nurses in a 1:1 relationship. This allows transition into the workplace creating improved retention of our nurses. This position serves not only Prince Albert Parkland but Prairie North, Keewatin Yathe, Mamawetan Churchill River and Athabasca Health Authority. New graduates have indicated this is a very successful program. Other professions have identified the need for mentorship.

The Primary Care portfolio includes primary health care, public health, mental health and addictions, as well as variety of community-based programs that often are delivered in partnership with health care organizations.

Primary Health Care services are expanding in the Region, and there have been changes in where some services are delivered in order to meet the needs of a variety of communities. The Region has expanded Primary Health Care services, and now has a wider network of teams that include Nurse Practitioners. There are currently nine positions based in several communities, and outreach services available on a visiting basis to several more. The Nurse Practitioner sites include:

- Prince Albert Community Clinic (two days a week clinic in Canwood)
- Kinistino (one day a week clinic in Candle Lake)
- Bernice Sayese Health Centre, Prince Albert (one day a week clinic at Ahtakakoop Cree Nation)
- Birch Hills Health Centre (one day a week clinic in Weldon)
- Big River Health Centre
- Spiritwood and District Health Complex, (2) (one day a week clinic in Leoville)
- Hafford Special Care Centre and Primary Care site (two days a week clinic in Blaine Lake)

An important day
Brett Enns, left, speaks at the grand opening of the Brief and Social Detox Centre, located on the Regional Health Centre Site in Prince Albert. Andre Letendre, right, manager of the new centre and his team starting seeing clients for the brief (24 hours) and social (5—10 days) detox centre in October.

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A Brief and Social Detox Centre opened in October 2009. Built with 100 per cent funding by the Ministry of Health, the 14-bed facility has two components – an eight-bed brief detox centre, as well as a six-bed social detox centre. The brief detox centre provides care for up to 24 hours for individuals who require a safe place to recover from serious intoxication or drug abuse. Individuals admitted to the brief detox program will have their vital signs monitored and if required, access to the Victoria Hospital emergency department is available.

The social detox program is for five to 10 days, and is designed to undergo the process of alcohol and other drug withdrawal, while stabilizing physically from episodes of abuse. Counselors on staff assist individuals in reviewing their options, including the more intense treatment programs available following detox.

Chronic disease management

The Region has completed and is implementing a chronic disease strategy. In order to provide assistance to the many individuals with chronic disease, the program will focus on addressing gaps in managing chronic illnesses and identify solutions to improve access. Two additional Nurse Practitioners positions have been allocated to work with the strategy in the rural areas. There were also seven physician practices participating in the Health Quality Council's Collaborative, which is a patient focused program to standardize treatment and outcomes for those with specific chronic disease. With the high rate of diabetes in the region, this condition has received much attention in this strategy.

The Chronic Disease Management Collaborative on Chronic Obstructive Pulmonary Disease (COPD) and Depression was launched by the Health Quality Council (HQC) in November of 2009. This collaborative is a learn-by-doing approach to quality improvement that brings together professionals and organizations to improve care for people with chronic conditions. For COPD, the collaborative aims are to reduce hospitalizations and emergency room visits for these individuals by providing best practice care in the community. For Depression, the aim is to help people go into remission and remain there until the end of the collaborative.

PAPHR currently has three Primary Care sites and four fee-for-service physician clinics participating in the collaborative. Each practice attends learning workshops on providing best practice care and then goes back to test new ideas at their own worksites. Patients with Depression and COPD who visit these clinics may notice some differences in their care such as having regularly scheduled appointments that focus on their condition as well as more referrals to education and support programs.

In addition to working with the Collaborative, Office Redesign was available to all practice sites who signed on to participate in the Collaborative on COPD and Depression. Launched in the fall of 2009, the office redesign portion of the collabora-

Rolling up his sleeve
Dr. Jim Cross, right, the Region's Senior Medical Officer, receives his pandemic H1N1 vaccine from Melanie Bonilla, employee health nurse, during a clinic held at the Victoria Hospital in late October 2009. The region has more than 80 per cent of staff receive the vaccine, and also had one of the highest public vaccination rates in the province.

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tive was intended to help Primary Care sites and Physician practices improve access to their clinics as well as improve efficiencies to help create more time to focus on chronic disease initiatives.

In PAPHR, eight participating sites have done a variety of office redesign initiatives based on the needs that were identified when they joined the collaborative. Some sites are working to provide same day access to clients while some are working on reducing no-show rates. Some have looked at the design and layout of their office space in order to improve efficiency. Many have been looking at their processes around booking appointments, obtaining lab results and contacting patients for follow-up care.

This office redesign work will continue to be supported by the Health Quality council and the local Collaborative Facilitator until the collaborative ends in March of 2011.

Another avenue for improving care for people with Chronic Conditions, is LiveWell™, a self-management support program which is available to people coping with the everyday challenges of living with chronic health problems such as Diabetes, Arthritis, Chronic lung disease, Depression and Multiple Sclerosis. The program format was originally developed at Stanford University and is designed to be run by trained volunteers who themselves either have chronic conditions or are caregivers for others. The program runs once a week for six weeks and teaches a variety of self management skills meant to enhance participants ability to take charge of their health. A total of 15 individuals attended sessions in 2009-2010 in Shellbrook and Prince Albert. An additional 12 people attended a training session to become peer leaders.

Pandemic influenza

In addition to ongoing health status challenges, the Region spent significant human and financial resources preparing for and responding to the pandemic H1N1 influenza that began in the Spring of 2009, and quickly spread around the globe. There were outbreaks of cases within the Prince Albert Parkland Health Region. The Region's most visible response was participation in the largest mass immunization efforts in Canada.

The Region's Public Health Nursing team led the planning process, with support from all programs involved in providing direct patient care. Clinics were planned and held throughout the Region, although the uncertainty and lack of vaccine early in the fall meant some long line-ups and changing criteria for the priority lists for immunizations.

Prince Albert Parkland embarked on an aggressive marketing campaign to supplement the provincial and federal government's efforts. In a Region that has typically had a lower rate of immunization than the rest of the province or country, the final

Chart 7: PAPHR and Saskatchewan immunization rates for 2-year-old children
Saskatchewan Immunization Management System

Rate by Antigen (%)	Prince Albert Parkland			Saskatchewan		
	2008-09	2007-08	2006-07	2008-09	2007-08	2006-07
Measles	68.3	70.6	70	79.4	76.2	69.5
Mumps	68.3	70.6	70	79.3	76.2	69.4
Pertussis	66.5	70.3	69.8	79.1	76.3	69.8
Rubella	68.3	70.6	70	79.3	76.1	69.4

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total of pandemic H1N1 immunizations were above average. In Prince Albert Parkland, more than 51 per cent[1] of the population were immunized. This included more than 32,000 by PAPHR staff, as well as another 7,200 immunized on First Nations reserves by their staff, and through the First Nation Inuit Health Branch and Northern Intra-Tribal Health Agency.

The pandemic H1N1 influenza was not a worst-case scenario, but it did provide a valuable learning experience. The increased awareness about infection control and what individuals were able to do to reduce their risk of being infected or spreading the influenza virus assisted in a relatively low rate of hospitalizations from the influenza virus. While the number of confirmed and suspected cases remained fairly high and the severity was lower than expected. The experience in 2009-10 will assist in revising plans and ensuring the Region is able improve its response to outbreaks of novel illnesses in the future.

Immunization rates

As the pandemic H1N1 virus became a dominant topic during the past year, regular immunizations continued. However the Region has continued to struggle to meet targets and have an adequate number of children receive vaccinations for preventable illnesses. The region established immunization targets for two year olds. These targets were not met. The following outlines some actions that were taken to improve the rates.

A small group of public health staff is working on short-term strategies to increase awareness for Immunization Awareness Week, and some long term strategies such as:

- Consistent process for invitations to parents of children overdue for immunization, as well as phone reminders. The Region will also try to send text reminders to those with cell phones, as text messages can be received free of charge.
- Neighborhood immunization rates – there are many records in Saskatchewan Immunization Management System (SIMS) that show up as in PAPHR, but may actually be those who received one or a few immunizations at one of our clinics, but are now residing on a reserve community. They may still be showing in the Region's SIMS denominator – and are incomplete records. The Data Sharing Agreement between First Nations and the province may assist in providing complete data for those who receive services from both agencies.
- The records we have for PAPHR in SIMS are not entirely accurate. The province has done some additional filtering for the three northern regions – as there are so many clients who go between the provincial and First Nation systems in those areas. Many clients that do so, resulting in partially complete records in SIMS. The difficulty is in trying to sort those out.

1—Saskatchewan Immunizations Management System, Data Report February 28, 2010

Health Excellence award winners
Pauline Mason, left, is a Licensed Practical Nurse, and won the award for Quality of Work. She is involved with an accreditation team, and is part of the Releasing Time to Care committee for Shellbrook Hospital.
Arlene Drieschner, a public health nurse in Spiritwood, won the Health Excellence Award for Attitude. She was recognized for her caring nature, and being a team player.

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Laboratory services

Improving access for patients is a goal not limited to immunizations. The Region's new Laboratory Service Centre opened its doors for the first patients in December 2009. The new Centre is located just inside the west entrance at the South Hill Mall. The new Centre has expanded hours and is in a location that has very good accessibility, access to free parking and public transit routes. The Centre has other benefits for patients, including:

- reduced wait times;
- more efficient laboratory data entry for the samples at the site of collection as the samples are being collected, freeing up valuable hospital technician time when samples are delivered;
- improved laboratory services for the acute hospital clients by re-directing non-acute clients to the community laboratory service centre, freeing up hospital phlebotomists to do blood collection in acute care areas;
- improved quality through the use of bar code labels applied to samples at the point of collection thereby reducing clerical error; and
- improved quality by ensuring appropriate qualifications of staff.

In addition to changing programs to adapt to the needs of patients, such as the new Laboratory Service Centre or the Chronic Disease Collaborative, Prince Albert Parkland is involved in a variety of initiatives that focus on quality improvement and best possible outcomes.

Quality as a Business Strategy

In October of 2008 the region began participating in Quality as a Business Strategy (QBS). QBS is a leadership framework and set of activities to help organizations prepare to effectively participate in system transformation and continuous quality improvement.

QBS has renewed a focus on patient experience by providing patient centered care, listening to the voice of the customer, and engaging customer/patients. Similarly, the preliminary findings of the Patient First Review was consistent with the QBS framework. The framework focuses on:

- providing methods to reach the goals of your organization
- can be sustained over the long term;
- balances an internal and external focus – a benefit to both clients and staff;
- is compatible over different businesses within the organization;
- remains useful despite changes in political or social forces, because it is attuned to context; and,
- can be understood and practiced by all members of the organization.
- everyone understands— through this leadership framework— their role and their contribution to improvement.

Health Excellence award winners
Darren Tait, left, won the Peer Support award. Darren played an instrumental role in the development of the firefighter mentorship program.
Verna Friesen won the award for Workplace Safety. She is a Special Care Aide in Spiritwood, has demonstrated leadership in workplace safety. She ensures staff is up-to-date in their training, that resident's cards are current.

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Learning about QBS takes the form of a series of workshops and action periods between workshops. At each workshop, senior leadership focus on a part of the Five Activities for Leaders. The five activities include:

- Establish and communicate purpose of organization
- View the organization as a system
- Design & manage system for gathering information to improve
- Plan for improvement integrated with business planning
- Manage individual and team improvement activities

Workshops consist of guest speakers from health care organizations who have achieved transformative results in health outcomes, presentations from QBS teams about their activities and insights, small group work and reflection, and time to share ideas and commitments with all teams. Action periods involve exploring the tools and activities within the organization, planning as a team what additional learning/exploration is required, and reflecting on insights as a team and as individual leaders.

When the strategic priorities were released by the Ministry, the region saw this as an opportunity to focus our QBS discussions and dialogue on the surgical value stream.

Implementing Lean

Lean funding of $353,007 was received from the Ministry in 2009/10 ($307,474 carried over to 2010/11). Funding was received from the Ministry to support implementation of Lean. PAPHR retained Kaizen Institute Lean Advisors as Lean consultants. Lean implementation began in October 2009, providing education to introduce managers to Lean concepts. In November 2009, surgical value stream mapping (the analysis of the entire surgical process) began to improve the surgical care experience by reducing the elective surgical waitlist to 3 months by 2014.

In June 2009, a group began dialogue around the surgical wait list target of reducing the surgical waitlist for elective surgeries to 3 months by 2014.

The working group included surgeons, anesthetists, family physicians, Intensive Care Unit, Recovery, Surgical Ward, Operating Room, and Day Surgery. It was agreed that before the Region can move to any future state, there must be a good understanding of what currently occurs in the surgical value stream. Each group was asked to create a process map of what they are currently doing with elective surgery. A template was developed and sent out for groups to have a basis for their work. In September, the process maps were reviewed. At this time, the enormity of this initiative was realized.

The region contracted with Kaizen Institute Lean Advisors to assist the region in using lean methodology to evaluate the entire, end to end, delivery of service/patient care using a patient focused approach. A group of content experts

Health Excellence award winners
Dean Cantin, left, won the award for Client Centered Care. He is a physiotherapist who works in Shellbrook and Spiritwood , where he takes the time to explain individual conditions and treatments to his patients.
Elsie Cadieu, who won for Volunteer, started volunteering in the Health Region in 1990. She has been a faithful member of the Auxiliary at Pineview Terrace Lodge.

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from multiple disciplines were asked to participate on the surgical value stream team to create the current state and formulate the future state of how patients flow through the surgical value stream from surgery booking to discharge from hospital.

The purpose of analyzing the surgical value stream is to improve the surgical care experience for patients by reducing the elective surgical waitlist to three months by 2014.

Following the value stream mapping, an implementation plan was developed. Two kaizen events, involving staff, took place in February and March. Kaizen events support Lean efforts to eliminate waste by conducting an organized or planned rapid continuous improvement event. Waste is any activity that consumes time, space or resources but does not add value to the product, service or other deliverable as viewed from the perspective of the external customer or patient. It is based on improving the value stream and achieving flow through intense activity and effort with a bias toward action over analysis by working on a specific area or process achieving a specific improvement in a short time

The objective of the kaizens are to ensure the Operating Room starts on time by:

- having consistent patient readiness;
- maximize patient flow and safety by ensuring original consents are completed; and available; and
- to create a standardized post-operative order form.

The Surgical Value Stream is one method to streamline patient care. Releasing Time to Care is another initiative to provide more time for bedside care for patients.

Releasing Time to Care

PAPHR was given the opportunity to have two sites assigned as pilots for the Releasing Time to Care (RTC) Initiative, a program which originated in the United Kingdom. The program was designated as a tool to assist in improving efficiencies, reduce waste, and increase overall direct patient care. The two teams chosen for our region were Level 4—Surgery at the Victoria Hospital and Shellbrook Hospital.

Level 4—Surgery at the Victoria Hospital began their implementation of the Releasing Time to Care Productive Ward in September 2009 and have progressed through three foundational modules and four process modules of the program. Staff have been very involved and motivated while they gather information, develop measurements, make improvements on those measures and organize/improve efficiencies on the wards.

Shellbrook began their implementation of the Releasing Time to Care Productive Community Hospital in September 2009. Both versions of the program are similar however, have some different components to address the varying needs of a ward-based program versus a community hospital. Shellbrook has completed the three

Health Excellence award winners

The OH&S Wellness Team won the Team Approach. The team works together to ensure workplace safety and wellness. The team works in collaboration with income support partners such as Workers Compensation Board, SAHO Disability and SGI. The team advocates for improving safety in the workplace, and works with departments to ensure staff are trained in safe work procedures.

2009-10 Performance Results

foundational modules and are now beginning two of the process modules—meals and medication management.

Some of the measures both Shellbrook and Level 4 focused on included gathering baseline data surrounding time spent on direct patient care, patient and staff satisfaction, patient and staff incidents, as well as medication incidents. One of the recommended measurements upon implementing RTC is to determine current time spent on direct patient care. Therefore, improvements can be measured as the teams progress through the program. For example, measurements indicated that Shellbrook's licensed practical nurses spent 24 per cent of their time on direct patient care, where Level 4 spent 30 per cent on direct patient care. These types of numbers provide staff with factual information to work with and make improvements on, all to benefit the patient and staff satisfaction. Other measurements, such as falls, can also be monitored and measured. This information can then be displayed, allowing team members to address the information and by working together and make improvements accordingly. The process engages and motivates staff.

Another measure both sites measured included staff satisfaction. Staff satisfaction can be directly correlated with the use of sick and overtime costs. Since RTC has been implemented, both sites have shown an overtime cost reduction with Shellbrook calculating a reduction of $4, 697.41 and Level 4 reducing overtime costs by $4, 660.86 between December 2008 and December 2009. Therefore, the premise of RTC is that staff satisfaction improves when front line staff can increase the amount of direct patient care that is provided. This is apparent in the numbers that have been calculated thus far, in a very short amount of time.

The next wards currently preparing to roll out Releasing Time to Care are Level 5 and 6 at the Victoria Hospital. Continued quality improvement is the goal, RTC is on of the tools.

Medication safety

Another key element of the Region's Quality Improvement strategy is Medication Reconciliation. Medication reconciliation is a formal process of obtaining a complete and accurate list of each patient/resident's current home medications and comparing the physician's admission, transfer, and/or discharge orders to that list. Discrepancies are then brought to the attention of the prescriber and changes are made to the orders as necessary. Medication reconciliation is guided by the principles that an up-to-date and accurate medication list is essential to ensure safe prescribing in any setting. The goal is to develop a process that improves communication among all healthcare providers to reduce the potential for adverse drug events.

The Region began with two pilot projects for medication reconciliation on admis-

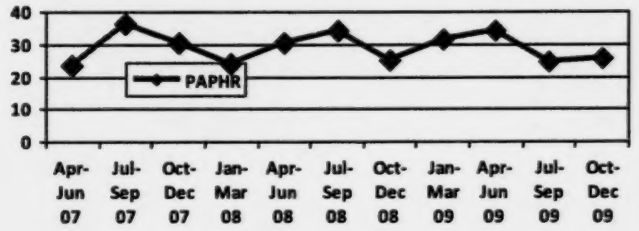


Chart 8: PAPHR **Ratings for Best Possible Hospital**
Percentage of patients rating as a 10 on a scale of 1 to 10 for Best Possible Hospital. Data includes both Victoria Hospital and Shellbrook Hospital (Health Quality Council, Acute Care Patient Experience Survey)

2009-10 Performance Results

sion in the Victoria Hospital Intensive Care Unit and Birchview Home Long-term care Home facility in 2008. The process now is firmly embedded into the medication management system of these two facilities. Hafford Special Care Centre will begin reconciling medications for all admissions to long term care in April 2010. Planning for implementation throughout long-term care and acute care is also underway with the intent to have each facility and unit reconciling medications for every admission.

Sterile processing and infection control

Another important component of quality improvement and patient safety is ensuring proper sterilization of all equipment. In February of 2008, a provincial sterilization and reprocessing audit was conducted by all health regions in Saskatchewan. As a result of the audit, recommendations were made for regional sterilization and reprocessing practices. In order to comply with Canadian Standards Association (CSA) and Accreditation Canada's standards for infection control regarding equipment sterilization the region developed a plan to centralize sterile processing in PAPHR.

Sterile processing centralization to the Victoria Hospital will improve reprocessing processes and enable more effective monitoring of sterilization processes, to ensure the highest standards are consistently met. Centralization was initiated in November 2009 using Shellbrook Hospital, Whispering Pine Place and Big River Health Centre as pilot sites. At the end of March 2010 sterile processing centralization had been completed for five sites and work was in progress for the remaining five sites with a completion target date of May 2010. The system for transporting sterile processing has provided the region with an opportunity to transport other supplies and specimens to our rural sites.

The Region received funding in March 2009 from the Ministry for infection prevention and control. The funding is to assist the region to comply with Canadian Standards Association (CSA) and Accreditation Canada's standards for infection control, including hand hygiene and equipment sterilization. A preliminary plan has been developed to use the funds for centralized reprocessing costs, infection control practitioner expertise and to meet hand hygiene standards.

A baseline Hand Hygiene audit was conducted in Spring 2009 at the Victoria Hospital. A plan for a regional Hand Hygiene Audit was developed to strengthen hand hygiene practices throughout the region. Based on audit results a strategy will be developed to improve hand hygiene compliance.

Other quality improvement and patient safety initiatives include:

- The region continues to participate in the Acute Care Patient Experience Survey, conducted by the Health Quality Council. Using the survey results as a baseline, improvement goals have been established for specific indicators. (Chart 8) The

Pushing for funds
A series of bed-push events were held in 2009 involving staff from the Shellbrook Hospital in fundraising efforts for a new integrated facility to be built in the community.

2009-10 Performance Results

Region has not achieved the target of more than 50 per cent rating the hospital as 10 on a scale of 1 to 10 for Best Possible Hospital.

- PAPHR has expanded methods to listen to the voice of the customer through designing client surveys and photo journals that portray the client experience.
- The development and communication of service delivery expectations is a work in progress. The plan is to incorporate the training into an orientation video during the next fiscal year.
- To improve client access Clinical Practice Redesign methodology is underway at the region's Primary Health Care sites.
- Rapid Response Team implementation occurred July 2009. The aim of the initiative is to improve patient safety and access to critical care resources by working collaboratively with a select group of hospital staff to identify, assess and respond to the needs of seriously ill patients prior to the development of progressive and irreversible deterioration.
- The Region's Privacy Officer remains focused on education, policy development and investigating privacy concerns
- Health Quality Council and PAPHR are partnering on a Linkage and Exchange project to improve the region's capacity for measurement.
- A Quality Dashboard was developed to monitor the five dimensions of quality, effectiveness, efficiency, equity, access and safety.
- Root Cause Analysis continues to be used regularly as a tool to review critical incidents. RCA promotes a culture of safety within the healthcare system. It focuses efforts on identifying and addressing the underlying system causes that contribute to the incident and it does not seek to find blame.

In addition to the program reviews and staff initiatives for quality improvement and patient safety, the Region is also making significant investments in infrastructure to address patient safety and comfort issues. The funding followed a report done by VFA that detailed specific infrastructure concerns and priorities.

Infrastructure investments

The Region received more than $5 million in funding to address priorities at facilities throughout the Region. As of March 31, 2010, almost $2 million worth of projects had been completed at 10 different facilities. Projects at six facilities, valued at more than $500,000, are underway, while an additional $480,000 in projects are being finalized with vendors.

An additional $2.3 million in identified projects are in the planning stages. Some of those projects are at the Victoria Hospital, and may not proceed pending the results of a Master Plan and Functional Plan for the Regional Health Centre Site in Prince Albert. The Region has received more than $750,000 from the Ministry of Health for planning, with the initial main Functional Plan nearing completion as of March 31,

Placement for Meals on Wheels
Jan Yakubchuk, left, from the Prince Albert Quilt Guild, and Pauline Lajeunesse, a Meals on Wheels client, show off one of the more than 100 placements made and donated by the Guild to the Prince Albert Parkland Health Region's Meals on Wheels program.

2009-10 Performance Results

2010. No funding commitments have been made for the renovations and expansion of Victoria Hospital, but the Region is moving forward with some detailed planning in the coming fiscal year.

Funding has been allocated for construction of a replacement for Pineview Terrace Lodge in Prince Albert and an integrated facility to replace the Shellbrook Hospital and Parkland Terrace long-term care facility. Planning is proceeding those projects, along with discussions with community leadership about ensuring the local share of the capital costs are committed. The Ministry of Health has provided funding for 65 per cent of construction costs, with the remainder to be funded through local resources.

Recruitment successes and challenges

The Prince Albert Parkland Health Region employees 2,400 people in full-time and part-time positions, and in dozens of employee classifications, to meet the needs of more than 1,500 individuals who are patients, long-term care resident and community clients on a daily basis.

There are employees in three different bargaining units as well as non-unionized staff. In 2009-10, the Canadian Union of Public Employees was the largest collective bargaining unit in Prince Albert Parkland, with 1,127.43 full-time equivalents. The Saskatchewan Union of Nurses was the second largest group, with 379.61 full-time equivalents. The Health Sciences Association of Saskatchewan had 144.3 full-time equivalents working in Prince Albert Parkland, while there were 126.63 full-time equivalents for out-of-scope employees.

A major challenge in the past several years has been the recruitment and retention of health care professionals. The Region has had some successes, particularly in the recruitment of Registered Nurses, while struggling to recruit some other professionals—particularly for therapies and mental health, as well as in rural areas.

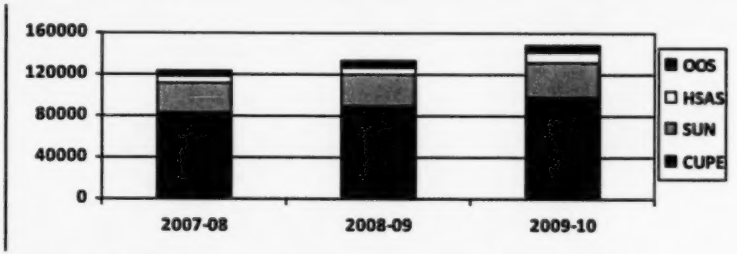
The SUN/Ministry of Health Partnership agreement, signed in 2008, set targets for the hiring of Registered Nurses and Registered Psychiatric Nurses. Prince Albert Parkland has exceeded those targets, and has increased the number of RNs and RPNs from 315.27 full-time equivalents in 2007-08, to almost 380 full-time equivalents in 2009-10.

The recruitment success likely influenced the Region's ability to reduce the number of overtime hours[1] per full-time equivalent in 2009-10. The total hours also decline from 115,517 in 2008-09 to 112,242 in 2009-10. Among the affiliations, only Health Sciences Association of Saskatchewan members had an increase, and that was likely due to the number of vacancies in both therapies and mental health positions where patient care requirements meant bringing staff in at overtime. Overtime costs for the Region were about $5.8 million in 2009-10. While the Region did

1—PAPHR Payroll date is from the SAHO payroll data system for wage driven premiums, including overtime, and sick time.

Chart 9: PAPHR Sick Time Hours per affiliation, 2007-08 to 2009-10

The total sick time hours for PAPHR has increased from 123,686 hours in 2007-08 to



2009-10 Performance Results

reduce overtime, the target of a five per cent reduction was not achieved.

Prince Albert Parkland has also continued to have success in reducing the number of lost-time injuries in the workplace[1] and lost-time hours. There has been a downward trend for a number of years, and that has reduced the Region's Workers' Compensation costs from more than $1. 9 million in 2007, to less than $1.6 million in 2010 (WCB rates are based on the calendar year, not the Region's fiscal year).

In 2009, PAPHR had the lowest number of WCB claims over the past four years (191 claims, as compared to the previous years' average of about 250 claims per year). The total number of compensation days has decreased to 3,577 in 2009 from 5,621 days in 2008. The Region did achieve the targets of a five per cent reduction for both the number of claims and time-lost hours. For the first three months in 2010, there were a total of 287 paid compensation days and 35 claims (by injury date).

Workplace wellness a priority

While the reduction in overtime and workplace injuries has been a success, the Region continues to see increasing use of sick time. The total cost of sick time insurance for the Region was about $3.8 million in 2009-10. Total sick time hours per full-time equivalent increased for every affiliation with the exception of Saskatchewan Union of Nurses, which had a small decline for hours per FTE but there was still an overall increase in total hours used (Chart 9). The increase in hours meant the Region did not achieve its target of a five per cent reduction in 2009-10.

The Region recognizes that in order to further reduce overtime costs, the challenges of sick time must be met. The

With salaries and benefits accounting for approximately 75 per cent of the Health Region's budget, it is necessary to reduce salary and benefit costs to ensure fiscal sustainability. If the Region can reduce sick time we can also reduce overtime. It is important to note that not all overtime is related to relief for sick time. However, a significant portion is. It is important to examine all of the causes of sick time. The Region has a working group looking at sick time and overtime (as well as other wage-driven premiums) and is developing strategies to reduce them. For every dollar redirected from these cost centres, the Region can look to protect and possibly enhance important health programs and jobs.

The Region also wants staff to be as healthy as possible. A healthy workforce is necessary to ensure to have all the work done to meet the needs of our patients, long-term care residents and community clients. A healthy workforce also means our employees are healthy outside of work—where they can be involved in family and community activities.

The cost of sick time, overtime and workplace injuries has a direct impact on the

1—Saskatchewan Workers' Compensation Board data

Chart 10: PAPHR Year-end operating surplus (deficit) 2006-07 to 2009-10
PAPHR Financial Statements

	2009-2010	2008-2009	2007-2008	2006-2007
Surplus (deficit) year-end	($217,881)	($280,079)	($3,782,174)	$179,229
Surplus (deficit) as a percentage of total expenditures	(0.12%	(0.2%)	(2.6%)	0.1%

2009-10 Performance Results

Region's financial status. The Region finished the 2009-10 fiscal year with an operating deficit of $217,881. This deficit is after accounting for the Ministry of Health's decision to reclaim some capital funding by reducing operating funding during the latter part of the fiscal year. The Region was then directed to transfer $24.8 million from capital funding to operating.

The deficit represented a little more one tenth of one per cent of the Region's total expenditures of more than $181 million. This Region has struggled to achieve financial stability since it was formed in 2002 (Chart 10). However, there has been an improvement in the Region's financial stability as it did not have to utilize its line of credit at any point during the 2009-10 fiscal year.

The Region did receive additional funding to address service volumes and cost related to a variety of programs. Those included achievement of targets for Computerized Tomography exams, a review or radiology exams from 2005, pandemic influenza planning and response, and achieving targets for the SUN/Ministry of Health Partnership agreement.

A major factor in some of the changes from the operating budget approved by the board of directors involved the costs associated with a review of work done by a former radiologist at Victoria Hospital. While the Ministry of Health did provide additional funding for those costs, the additional expenses were not budgeted.

The Region also had additional expenditures related to the pandemic influenza. Again, the Ministry of Health provided funding to cover costs related to supplies related to preventative equipment and vaccinations, as well as some additional staffing costs. The expenditures were higher than those budgeted at the beginning of the 2009-10 fiscal year.

Through the successes and challenges, the Prince Albert Parkland Health Region is committed to high standards of quality and effectiveness. The Region's employees, physicians and volunteers are committed to providing the best quality of care in a safe environment.

Promoting Wellness

Jo-Anne McLeod, left, and Hal Johnson, right, were the special guests that the Health Region's Wellness Expo held in January 2010. Kathy Glynn, Employee Wellness Coordinator, and Michael Morrison, a wellness champion from Whispering Pine Place, were leaders in organizing the Expo as the Region implemented a strategy to reduce sick time and work place injuries, and the costs associated with them.

Future Outlook and Emerging Issues

The Prince Albert Parkland Regional Health Authority recognizes there are many challenges ahead to ensure sustainable, quality health-care services for the residents of this Region and the province.

The health status of the Region's residents remains a significant concern. As outlines earlier in this annual report (Our Region), the high obesity rate along with significant rates of chronic conditions means there will continue to be a high demand for services to assist people in managing their illnesses and assisting those who are struggling with multiple health-care problems.

In addition to the lifestyle issues related to unhealthy diets and lack of physical activity, the number of people in the Region who have high-risk behaviours is another societal problem that has a major affect on demands for health care services.

The Region continues to experience an increase in the number of confirmed cases of HIV particularly in the City of Prince Albert. This phenomena has also been noted in Regina and Saskatoon. The main risk factor for the spread of this illness is intravenous drug use. Services offered by the Region to address this are follow up and care for those with the illness and as a prevention, the needle exchange and public education to youth about the dangers of intravenous drug use. The provincial government is developing an HIV strategy that is expected to be released early in the 2010-11 fiscal year. The Region is looking forward to the strategy's release, and working with the Ministry of Health and other partners to increase education and assist those individuals who are HIV positive lead healthier lifestyles.

HIV is not the only sexually transmitted disease that is concerning public health officials in the Region. An outbreak of syphilis suggests that more education about safe sexual practices is required. It is an indicator that individuals are making high-risk decisions, and that more work must be done to provide information to a diverse population.

Lifestyles bring health risks

The use of alcohol, especially binge drinking, and other substances (including illegal drugs), often results in a number of clients who present for services in the emergency room, acute mental health, or through the Justice system. The opening of the Brief and Social Detox Centre in October 2009 reduced some of the pressure on both the Emergency Departments and the legal system, but reducing the abuse of substances requires further work with multiple community partners.

The Region will also have a focus on reducing the costs associated with workplace injuries, sick time and overtime. Recruitment and retention of health care providers is one solution, but creating a workplace culture of safety and wellness is another. Injuries, sick time and overtime cost the Region more than $10 million in 2009-10. In order to ensure sustainability, plans are being put in place with management and staff to reduce those costs.

Donation thanks
New endoscopy equipment was purchased for the Ambulatory Care Department at Victoria Hospital after a successful fundraising campaign by the Victoria Hospital Foundation. A total of $415,000 was raised during the annual "Give a Little Life" radio-thon held in December on three Prince Albert radio stations to purchase the much-needed equipment.

Future Outlook and Emerging Issues

The provincial Patient First Review, which was launched in the fall of 2008, had several recommendations following input from patients regarding their experience with health care services, as well as discussing those experiences with health-care providers and other stakeholders. The recommendations included reducing wait times, improving customer service and addressing rural and remote communities access to services.

Physician resources

The Region has not been able to recruit any physicians to reside in Big River, and the only two physicians in Spiritwood left in December 2009. The Region has added Nurse Practitioners and has physicians from Shellbrook and Prince Albert providing clinics; however, there continues to be anxiety about the future of health care services in both communities and the surrounding areas. Discussions about the future continue with the communities.

Meetings with local municipal representatives, as well as with the public, have been held to discuss what services continue to be available and what is being done to address concerns regarding access to emergency services. It is the emergency services that create the most anxiety in the local population. While there are ambulance services based in both communities, including paramedic services in Spiritwood, the distance to an acute-care facility is significantly longer than past experience.

Another significant challenge is ensuring the Health Region's programs and services can meet standards for patients safety and quality of care. One initiative with a patient safety focus that was begun during this year was centralization of all sterilize processing for equipment used in invasive procedures. That meant establishing a transportation system to sites outside of Prince Albert to transport sterile equipment and return used equipment to the Sterile Processing Department at Victoria Hospital. This initiative has come with additional costs for transportation and no reduction of staffing at rural facilities.

The regionalization of sterile processing services is just one area where patients safety and quality has led to further region-wide integration. Diagnostic services (imaging and laboratory), housekeeping, laundry, food services, property management and maintenance, all have an increased emphasis on region-wide integration and standardization.

While challenges remain, the Region continues to look to the future with optimism. Project planning continues for an integrated health centre to replace Shellbrook Hospital and Parkland Terrace long-term care facility, as well as a replacement for Pineview Terrace Lodge in Prince Albert. The Region is also continuing to work on the Regional Health Centre and Victoria Hospital functional plan, with support from the Ministry of Health.

Management Report

PRINCE ALBERT PARKLAND HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Prince Albert Parkland Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

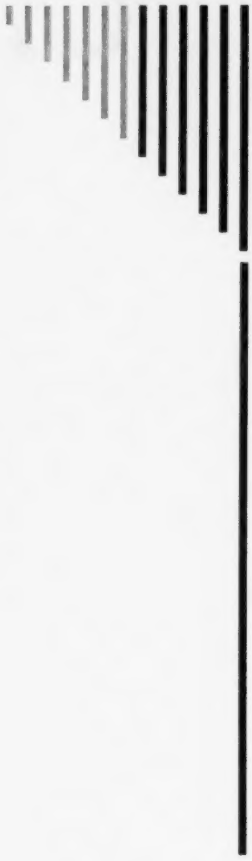
Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Finance/Audit Committee. The Finance/Audit Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Finance/Audit Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Cecile Hunt
Chief Executive Officer

Morgan Kennedy
Chief Financial Officer



Auditors' Report

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To the Board of Directors

Prince Albert Parkland Regional Health Authority:

We have audited the statement of financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2010 and the statements of operations and changes in fund balances, and cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Prince Albert Parkland Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of Prince Albert Parkland Regional Health Authority as at March 31, 2010 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Prince Albert, Saskatchewan

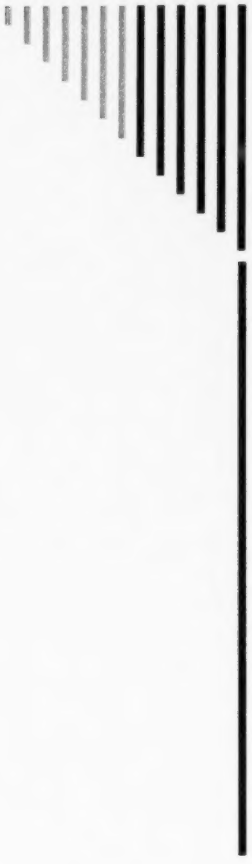
Chartered Accountants

May 7, 2010

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

CHARTERED ACCOUNTANTS & BUSINESS ADVISORS
25 - 11TH ST. E., PRINCE ALBERT, SK S6V 0Z8
PH. (306) 764-6873 FAX (306) 763-0766 mnp.ca

Financial Statements For the year ending March 31, 2010

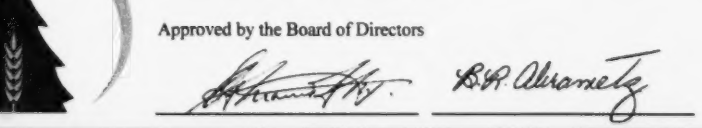


STATEMENT 1
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF FINANCIAL POSITION
As at March 31, 2010

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2010	Total 2009 (Note 20)
ASSETS					
Current assets					
Cash and short-term investments	$ 15,110,607	$ 18,625,550	$ 132,899	$ 33,869,056	$ 53,582,548
Accounts receivable					
Ministry of Health - General Revenue Fund	268,830	-	-	268,830	148,035
Other	2,749,511	1,156,268	5,435	3,911,214	3,960,958
Inventory	1,120,394	-	-	1,120,394	751,838
Prepaid expenses	950,676	-	-	950,676	667,039
	20,200,018	19,781,818	138,334	40,120,170	59,110,418
Long term receivables (Note 3)	-	-	692,493	692,493	694,798
Investments (Schedule 2)	-	-	664,832	664,832	648,874
Capital assets (Note 4)	-	56,916,470	-	56,916,470	53,873,290
Total Assets	$ 20,200,018	$ 76,698,288	$ 1,495,659	$ 98,393,965	$ 114,327,380
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 7,147,483	$ 1,380,095	$ -	$ 8,527,578	$ 11,184,716
Other Payable - Prince Albert Grand Council	4,390,142	-	-	4,390,142	4,335,000
Accrued salaries	9,837,255	-	-	9,837,255	3,112,533
Vacation payable	8,959,656	-	-	8,959,656	8,225,916
Bank Loan Payable - Current (Note 6)	-	154,000	-	154,000	-
Mortgages payable - Current (Note 6)	-	415,592	-	415,592	390,603
Deferred revenue (Note 7)	5,147,155	-	-	5,147,155	4,840,740
	35,481,691	1,949,687	-	37,431,378	32,089,508
Long Term Liabilities					
Bank Loan Payable (Note 6)	-	4,281,000	-	4,281,000	-
Mortgages payable (Note 6)	-	6,694,810	-	6,694,810	7,143,170
Total Liabilities	35,481,691	12,925,497	-	48,407,188	39,232,678
Fund Balances:					
Invested in capital assets	-	44,144,973	-	44,144,973	43,474,727
Externally restricted (Schedule 3)	-	10,618,123	1,495,659	12,113,782	49,503,814
Internally restricted (Schedule 4)	-	1,270,757	-	1,270,757	1,285,344
Unrestricted	(15,281,673)	7,738,938	-	(7,542,735)	(19,169,183)
Fund balances – (Statement 2)	(15,281,673)	63,772,791	1,495,659	49,986,777	75,094,702
Total Liabilities & Fund Balances	$ 20,200,018	$ 76,698,288	$ 1,495,659	$ 98,393,965	$ 114,327,380

Commitments (Note 5)
Mortgages (Note 6)
Pension Plan (Note 11)
Asset Retirement Obligations (Note 5)

Approved by the Board of Directors



STATEMENT 2
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the year ended March 31, 2010

	Operating Fund		
	Budget 2010	2010	2009 (Note 11)
REVENUES			
Ministry of Health - general	$ 154,647,308	$ 138,859,018	$147,591,873
Other provincial	5,091,100	4,795,855	733,830
Federal government	225,000	266,685	213,082
Funding from other provinces	-	-	-
Special funded programs	1,222,745	1,048,565	693,084
Patient fees	6,535,000	6,197,905	6,233,967
Out of province (reciprocal)	609,000	605,627	585,255
Out of country	53,000	77,434	51,909
Donations	-	258,788	109,119
Investment	163,000	152,025	269,763
Ancillary	1,059,000	1,022,100	1,027,862
Recoveries	2,809,000	2,944,173	3,913,920
Unrealized gain - financial instruments	-	-	-
Other	83,000	186,842	18,836
Total revenues	172,497,153	156,415,017	161,442,500
EXPENSES			
Province wide acute care services	2,369,110	2,313,370	2,101,375
Acute care services	68,653,721	74,337,138	65,264,163
Physician compensation - acute	11,458,688	11,418,776	10,781,484
Supportive care services	38,574,811	41,629,917	37,061,237
Home based service - supportive care	9,169,892	9,455,023	7,299,632
Population health services	5,191,251	5,447,353	4,763,153
Community care services	12,371,642	12,700,208	11,221,722
Home Based Services - acute & palliative	1,334,151	1,374,813	2,353,695
Primary health care services	3,009,417	2,893,586	2,438,268
Emergency response services	3,011,089	2,992,478	3,153,011
Mental health services - inpatient/residential	4,973,247	4,068,730	3,638,826
Addictions services - residential	-	-	-
Physician compensation - community	1,872,368	2,199,850	1,994,437
Program support services	9,144,669	9,086,053	8,170,723
Special funded programs	856,336	921,127	789,613
Ancillary	506,761	594,476	691,240
Total expenses (Schedule 1)	172,497,153	181,432,898	161,722,579
Excess (Deficiency) of revenues over expenses	-	(25,017,881)	(280,079)
Fund Balances, beginning of year		(14,891,577)	(11,853,053)
Interfund transfers (Note 14)		24,627,785	(2,758,445)
Fund balances, end of year		$ (15,281,673)	$ (14,891,577)

STATEMENT 2
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the year ended March 31, 2010

	Restricted Funds			
	Capital Fund 2010	Community Trust Fund 2010	Total 2010	Total 2009 (Note 20)
REVENUES				
Ministry of Health - general	$3,835,697	$ -	$ 3,835,697	$ 43,083,513
Other provincial	-	-	-	-
Federal government	264,842	-	264,842	256,730
Funding from other provinces	-	-	-	-
Special funded programs	-	-	-	-
Patient fees	-	-	-	-
Out of province (reciprocal)	-	-	-	-
Out of country	-	-	-	-
Donations	718,000	-	718,000	742,959
Investment	691,522	21,639	713,161	348,161
Ancillary	-	-	-	-
Recoveries	-	-	-	-
Unrealized gain - financial instruments	-	-	-	-
Other	29,756	-	29,756	1,503,759
Total revenues	5,539,817	21,639	5,561,456	45,935,122
EXPENSES				
Province wide acute care services	-	-	-	-
Acute care services	3,447,854	-	3,447,854	2,551,759
Physician compensation - acute	-	-	-	-
Supportive care services	1,654,094	-	1,654,094	1,599,283
Home based service - supportive care	42,843	-	42,843	20,083
Population health services	-	-	-	10,674
Community care services	27,776	-	27,776	14,682
Home Based Services - acute & palliative	4,298	-	4,298	5,339
Primary health care services	46,069	-	46,069	40,039
Emergency response services	-	-	-	-
Mental health services - inpatient/residential	-	-	-	-
Addictions services - residential	-	-	-	-
Physician compensation - community	-	-	-	-
Program support services	317,693	-	317,693	(30,884)
Special funded programs	-	-	-	-
Ancillary	110,872	-	110,872	103,402
Total expenses (Schedule 1)	5,651,499	-	5,651,499	4,314,377
Excess (Deficiency) of revenues over expenses	(111,682)	21,639	(90,043)	41,620,745
Fund Balances, beginning of year	88,508,636	1,477,643	89,986,279	45,607,089
Interfund transfers (Note 14)	(24,624,163)	(3,623)	(24,627,786)	2,758,445
Fund balances, end of year	$63,772,791	$1,495,659	$ 65,268,450	$ 89,986,279

STATEMENT 3
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
CONSOLIDATED STATEMENT OF CASH FLOW*
For the year ended, March 31, 2010

	Operating Fund		Restricted Funds			
	2010	2009 (Note 20)	Capital Fund	Community Trust Fund	Total 2010	Total 2009 (Note 20)
Cash Provided (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (Deficiency) of revenues over expenses	$ (25,017,881)	$ (280,079)	$ (111,682)	$ 21,639	$ (90,043)	$ 41,620,745
Net change in non-cash working capital (Note 8)	5,509,526	6,686,254	(1,069,794)	2,211	(1,067,583)	(1,444,653)
Amortization of capital assets	-	-	5,077,693	-	5,077,693	3,905,437
Investment income on long-term investments	-	-	-	-	-	-
Gain/(loss) on disposal of capital assets	-	-	21,508	-	21,508	(308,936)
	(19,508,355)	6,406,175	3,917,725	23,850	3,941,575	43,772,593
Purchase of capital assets						
Land and leasehold improvements	-	-	(59,891)	-	(59,891)	(16,167)
Buildings/construction	-	-	(1,412,099)	-	(1,412,099)	(608,041)
Equipment	-	-	(2,600,467)	-	(2,600,467)	(4,660,813)
Construction in Progress	-	-	(4,081,365)	-	(4,081,365)	(11,009,045)
Proceeds on disposal of capital assets						
Land and leasehold improvements	-	-	-	-	-	84,086
Equipment	-	-	11,440	-	11,440	373,666
Purchase of long-term investment	-	-	-	(15,958)	(15,958)	(27,347)
	-	-	(8,142,382)	(15,958)	(8,158,340)	(15,863,661)
Proceeds of debt	-	-	4,509,000	-	4,509,000	-
Repayment of debt	-	-	(497,371)	-	(497,371)	(752,396)
	-	-	4,011,629	-	4,011,629	(752,396)
Net increase (decrease) in cash & short term investments during the	(19,508,355)	6,406,175	(213,028)	7,892	(205,136)	27,156,536
Cash & short term investments, beginning of year	9,991,177	6,343,447	43,462,741	128,630	43,591,371	13,676,390
Interfund transfers (Note 14)	24,627,785	(2,758,445)	(24,624,163)	(3,623)	(24,627,786)	2,758,445
Cash & short term investments, end of year (Schedule 2)	$ 15,110,607	$ 9,991,177	$ 18,625,550	$ 132,899	$ 18,758,449	$ 43,591,371

*Statement is prepared on a fund accounting basis using the indirect method (see CICA paragraph 4400.48).

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2010

1. Legislative Authority

The Prince Albert Parkland Regional Health Authority (RHA) operates under The Regional Health Services Act (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Prince Albert Parkland Health Region, under section 27 of The Act. The Prince Albert Parkland RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the Income Tax Act of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies:

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed HCOs and third parties to provide health services:

Canadian Mental Health Association	Blaine Lake Ambulance
Cooperative Health	Parkland Ambulance
Family Futures	Spiritwood Ambulance
Prince Albert Mobile Crisis Unit	M.L.C.N Elders Care Home Inc.
PA Early Childhood Intervention	S.H.A.R.E

Note 10b (i) provides disclosure of payments to prescribed HCOs and third Parties.

ii) The following affiliate is incorporated as follows (and is a registered charity under the Income Tax Act):

Mont. St Joseph Home Inc.

The RHA provides annual grant funding to this organization for the delivery of health care services. Consequently, the RHA has disclosed certain financial information regarding this affiliate.

This affiliate is not consolidated into the RHA financial statements. Alternatively, Note 10b (ii) provides supplementary information on the financial position, results of operations and cash flows of the affiliate.

iii) The Victoria Hospital Foundation Inc. (the Foundation) is incorporated under The Non-Profit Corporations Act and is a registered charity under the Income Tax Act.

Under the Foundation's Articles of Incorporation, all funds raised by the Foundation after payments of reasonable expenses must be used to purchase and transfer assets to the RHA, for the purpose to provide health care services.

These financial statements do not include the financial activities of the foundation. Alternatively, Note 10b (iii) provides supplementary information of the foundation.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenues. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues from Saskatchewan Health - General Revenue Fund provided for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted revenues are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted revenues related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted revenues are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	2 1/2% to 5%
Land and leasehold improvements	10% to 20%
Equipment	5% to 33%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Asset Retirement Obligations

Asset Retirement obligations are legal obligations associated with the retirement of tangible long-lived assets. Asset retirement obligations are recorded when they are incurred if a reasonable estimate of fair value can be determined. Accretion (interest) expense is the increase in the obligation due to the passage of time. The associated retirement costs are capitalized as part of the carrying amount of the asset and amortized over the asset's remaining useful life.

f) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

g) Pension

Employees of the RHA participate in several multiemployer defined benefit pension plans, or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

h) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

i) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash is classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Investments are classified as held-for-trading. Transaction costs related to held-for-trading financial assets are expensed as incurred.
- Short term bank indebtedness is classified as held-for-trading.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities.
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As of March 31, 2010 (2009 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.
- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

j) Replacement Reserves

The RHA is required to maintain certain replacement reserves as a condition of receiving subsidy assistance from Saskatchewan Housing Corporation. Schedule 4 shows the changes in these reserve balances during the year.

3. Long-term receivable

Community Trust:

The Kinistino and District Health Foundation Inc. and the Birch Hills and Area Health Care Foundation Inc. hold the Pre-amalgamation funds on behalf of the RHA. The amounts that are held in these funds are listed below.

	2010	2009
Kinistino and District Health Foundation Inc.	$ 592,493	$ 592,493
Birch Hills and Area Health Care Foundation Inc.	100,000	102,305
	$ 692,493	$ 694,798

4. Capital Assets

	March 31, 2010			March 31, 2009
	Cost	Accumulated Amortization	Net Book Value	Net Book Value
Land	$ 644,796	$ -	$ 644,796	$ 644,796
Land Improvements	1,296,953	781,783	515,170	211,877
Buildings	84,590,019	45,321,087	39,268,932	32,516,493
Equipment	31,014,360	21,809,053	9,205,307	9,331,400
Construction in progress	7,282,265	-	7,282,265	11,168,724
	$ 124,828,393	$ 67,911,923	$ 56,916,470	$ 53,873,290

5. Commitments

a) Capital Asset Acquisitions

At March 31, 2010, commitments for acquisition of capital assets were $276,465 (2009 - $264,603). As at March 31, 2010, the Ministry of Health provided funding in the amount of $3,300,000 to be used to construct two long term care facilities. (Pineview Terrace Lodge – Prince Albert & Parkland Terrace/Shellbrook Hospital)

b) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next 5 years are as follows:

2011	$660,375
2012	660,375
2013	440,575
2014	388,225
2015	355,120

c) Asset Retirement Obligations

The RHA has identified asset retirement obligations for which the fair value cannot be reasonably estimated due to the indeterminate timing and scope of removal. The asset retirement obligation for these assets will be recorded in the period in which there is sufficient information to estimate fair value.

d) Contracted Health Service Operators

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2010.

6. Mortgages Payable

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2010	Balance Outstanding 2009
Birchview Nursing Home CMHC, due December 1, 2018	4.54%	$95,038 principal & interest of which $24,329 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015 NBV of pledged assets is $723,019	**$ 686,101**	$ 748,733
Evergreen Health Centre CMHC, due September 1, 2023	4.54%	$51,714 principal & interest of which $13,112 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015 NBV of pledged assets is $532,796	**522,375**	549,913
Hafford & District Nursing CMHC, due February 1, 2030	10.00%	$26,719 principal & interest of which $4,990.56 is subsidized directly by CMHC – Mortgage renewal date – February 1, 2030. NBV of pledged assets is $379,741. Unearned equity portion equals $17,315	**250,975**	255,478

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2010

Title of Issues	Interest Rate	Annual Repayment Terms	Balance Outstanding 2010	2009
Idylwild Lodge CMHC due June 1, 2020	4.69%	$122,699 principal & interest of which $33,035 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016. NBV of pledged assets is $1,020,439	**999,006**	1,073,402
Jubilee Lodge CMHC, due November 1, 2020	4.32%	$55,261 principal & interest of which $15,045 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2016. NBV of pledged assets is $497,434	**472,367**	506,598
Jubilee Lodge Rental Units CMHC, due May 1, 2015	5.125%	$11,341 principal & interest.	**51,437**	59,935
Lakewood Lodge CMHC, due September 1, 2021	4.69%	$108,777 principal & interest of which $29,437 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – August 1, 2016. NBV of pledged assets is $979,162	**967,628**	1,029,869
Parkland Terrace CMHC, due April 1, 2027	8.00%	$43,944 principal & interest, with an amount of $28,808. Mortgage renewal date – April 1, 2027.NBV of pledged assets is $555,949	**440,985**	453,709
Rabbit Lake Health Centre CMHC, due September 1, 2021	4.54%	$43,506 principal & interest of which $11,063 is subsidized by CMHC, yielding an effective interest rate of 2%. Mortgage renewal date – February 1, 2015. NBV of pledged assets is $391,621	**389,902**	415,245
Wheatland Lodge CMHC, due April 1, 2026	4.69%	$99,482 principal & interest of which a certain amount is subsidized monthly based on the net loss of the shelter component. Mortgage renewal date – August 1, 2016. NBV of pledged assets is $1,203,147	**1,125,515**	1,171,539
Whispering Pine Place CMHC, due July 1, 2023	4.39%	$119,187 principal & interest of which $29,756 is subsidized by CMHC. Mortgage renewal date – June 1, 2015. NBV of pledged assets is $1,227,952	**1,204,111**	1,269,352
			7,110,402	7,533,773
Less: Current portion			**415,592**	390,603
			$ 6,694,810	$7,143,170

Saskatchewan Housing Corporation (SHC) may provide a mortgage subsidy for supportive care homes financed by Canada Mortgage and Housing Corporation (CMCH). The subsidy may change when the mortgage renewal occurs.

For each of the mortgages, the RHA has pledged the related buildings of the special care homes as security. Additional security is provided on the mortgages for Jubilee Lodge and Birchview Nursing Home by security agreements on equipment and furnishings and the assignment of rents and leases. Additional security is provided for the mortgage on the Herb Bassett Home by an assignment of rents and leases. Additional security is provided for the mortgages of Idyllwild Lodge, Evergreen Health Centre, Hafford & District Nursing, Lakewood Lodge, Parkland Terrace, Rabbit Lake Health Centre, Wheatland Lodge and Whispering Pine Place by the assignment of land and equipment.

Principal repayments required in each of the next five years are estimated as follows:

2011	$ 415,592	2014	$ 500,813
2012	$ 442,198	2015	$ 551,018
2013	$ 470,553	2016 and subsequent	$ 4,730,228

Loan for Energy Efficiency Renovations

The RHA entered into a loan agreement with the Royal Bank of Canada to fund energy efficiency enhancements throughout the region. The balance owing at March 31st, 2010 was $4,435,000. The loan bears an interest rate of 5.03%. The terms of the loan require monthly principle and interest payments of $31,140.

Principal repayments required in each of the next five years are estimated as follows:

2011	$ 154,000	2014	$ 179,000
2012	$ 161,000	2015	$ 189,000
2013	$ 169,000	2016 and subsequent	$ 3,583,000

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
March 31, 2010

7. Deferred Revenue

	Balance Beginning of	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Saskatchewan Health - General Revenue Fund	$ -	$ -	$ -	$ -
Aboriginal Awareness Funding	50,000	68,535	18,535	-
Autism Intervention Training	23,575	9,216	-	14,359
Autism Spectrum Disorders Services	195,388	7,902	224,000	411,486
Children's Mental Health	503,577	85,537	-	418,040
Cognitive Disabilities	51,497	109,580	97,130	39,047
Community Mental Health	84,000	84,000	-	-
Cont. Education/Development	122,665	121,207	35,848	37,306
Corrections	232,142	234,887	270,000	267,255
Epidemiological Monitoring	50,000	-	-	50,000
Family Support/Rehab	19,042	19,042	-	-
Family Treatment & Social Detox	100,500	554,382	552,000	98,118
Health Promotion Status Report	5,000	10,000	5,000	-
Healthy Workplace Action Strategy	75,000	53,768	75,000	96,232
Hemiplegia Education Event	15,400	6,257	-	9,143
Immunization Programs	41,324	2,232	56,453	95,545
Infection Control	-	-	78,707	78,707
LEAN	-	45,533	353,007	307,474
Lower Immunization Rates	2,827	2,827	-	-
Mental Health Home Enhancements	-	75,958	77,826	1,868
Methadone Dispensary	-	-	36,540	36,540
Muskeg Lake	50,000	800,000	750,000	-
National Ambulatory Care System	-	-	105,000	105,000
Nursing Mentorship	167,545	48,483	143,000	262,062
Nursing Professional Development	66,968	66,968	-	-
Nursing Vacany	21,600	21,600	-	-
Pandemic	-	-	116,000	116,000
Paramedic - HSAS	-	-	17,250	17,250
Primary Care	382,838	153,696	-	229,142
A & D Initiatives	1,562,650	151,741	-	1,410,909
Public Health - Mumps	32,380	32,380	-	-
Quality Health Workplace	76,709	54,341	35,848	58,216
Recruitment Initiatives	-	-	150,000	150,000
Releasing Time to Care	-	29,766	60,000	30,234
Safe Needle Cleanup	33,000	12,848	22,000	42,152
Safety Training	100,000	103,420	80,587	77,167
Youth Criminal Justice Act	10,936	10,936	-	-
Total Sask Health	**$ 4,076,563**	**$ 2,977,042**	**$ 3,359,731**	**$ 4,459,252**
Non Sask Health Initiatives				
Acquired Brain Injury	$ 331,490	$ 827,461	$ 766,666	$ 270,695
Health Promotions	3,952	3,199	-	753
Integrated Case Management Training	8,565	1,265	-	7,300
Nursing Recruitment	375,133	3,400	-	371,733
Tiny Eye	5,622	5,622	-	-
Other	39,415	3,641	1,648	37,422
Total Non Sask Health	**$ 764,177**	**$ 844,588**	**$ 768,314**	**$ 687,903**
Total Deferred Revenue	**$ 4,840,740**	**$ 3,821,630**	**$ 4,128,045**	**$ 5,147,155**

8. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2010	2009	Capital Fund	Community Trust Fund	Total 2010	Total 2009
(Increase) Decrease in accounts receivable	$(485,857)	$(108,966)	$ 414,901	$ 2,210	$ 417,111	$(1,526,133)
(Increase) Decrease in inventory	(368,557)	75,108	-	-	-	-
(Increase) Decrease in prepaid expenses	(283,637)	173,574	-	-	-	177,454
Increase (Decrease) in accounts payable	(1,117,300)	996,131	(1,484,695)	-	(1,484,695)	2,829,552
Increase (Decrease) in accrued salaries	6,724,722	420,746	-	-	-	-
Increase (Decrease) in vacation payable	733,740	965,765	-	-	-	-
Increase (Decrease) in interfund loans	-	2,925,526	-	-	-	(2,925,526)
Increase (Decrease) in deferred revenue	306,415	1,238,370	-	-	-	-
	$ 5,509,526	$6,686,254	$(1,069,794)	$ 2,210	$(1,067,584)	$(1,444,653)

9. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2010 was $113,742 (2009 - $105,028). These amounts are not reflected in the financial statements.

	2010	2009
Patient / resident	$ 84,768	$ 77,374
Leoville Union Hospital –Pre-amalgamation	28,974	27,654
	$ 113,742	$ 105,028

10. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Governmental organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements and the table below. They are recorded at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes are recorded as part of the cost of those purchases.

	2010	2009
Accounts Receivable		
SAHO	$ 1,071,000	$ -
Sask Health Info Network	310,632	356,037
WCB	201,100	171,694
	$ 1,582,732	$ 527,731
Accounts Payable		
Dept of Property Management	$ 23,170	$ 76,746
Ministry of Finance	11,846	31,515
North Sask Laundry	203,732	193,398
SAHO	518,720	356,578
Sask Energy	80,266	105,180
Sask Power	48,123	159,353
Sask Tel	31,122	43,004
SHEPP	868,321	717,646
WCB	982,553	939,810
	$ 2,767,853	$ 2,623,230
Revenues		
North Sask Laundry	$ 213,376	$ 222,145
S.A.H.O. (Nursing Recruitment)	3,301,003	-
S.G.I.	955,694	792,740
WCB	287,891	569,359
	$ 1,456,964	$ 1,584,244

	2010	2009
Expenditures		
Canadian Mental Health	$ 169,354	$ 160,348
Dept of Property Management	653,441	639,598
Ministry of Finance	238,421	137,208
North Sask Laundry	2,459,030	2,495,096
Public Employees Pension	348,947	351,913
S.A.H.O.	6,660,042	6,237,775
S.H.A.R.E.	511,911	484,042
Sask Energy	755,661	735,910
Sask Mobility	147,724	137,034
Sask Power	1,575,752	5,294,971
Sask-Tel	346,967	355,461
SHEPP	11,475,064	9,542,274
WCB	1,825,572	1,784,840
	$27,167,886	$28,356,470
Pre-Paid Expenses		
North Sask Laundry	$ 114,070	$ 114,070
S.A.H.O.	119,710	•
WCB	442,230	442,881
	$ 676,010	$ 556,951

* only significant/material amounts are listed in this table (greater than $20,000)

b) Health Care Organizations

i) Prescribed Health Care Organizations and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2010	2009
Canadian Mental Health Association	$ 169,354	$ 160,348
Cooperative Health	302,683	260,857
Family Futures	47,719	47,171
M.L.C.N Elders Care Home Inc	750,000	750,000
Prince Albert Mobile Crisis Unit	70,534	66,237
Prince Albert Early Childhood Intervention	44,256	42,967
S.H.A.R.E.	511,911	484,042
Blaine Lake Ambulance	279,121	295,804
Parkland Ambulance	2,260,235	2,549,505
Spiritwood Ambulance	769,038	821,846
	$5,204,851	$5,478,777

PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY NOTES TO THE FINANCIAL STATEMENTS March 31, 2010

ii) Affiliates

The Act makes the RHA responsible for the delivery of health services in its region including the health services provided by privately owned affiliates. The Act requires affiliates to conduct their affairs and activities in a manner that is consistent with, and that reflects, the health goals and objectives established by the RHA. The RHA exercises significant influence over affiliates by virtue of its material inter-entity transactions. There is also an interchange of managerial personnel, provision of human resource and finance/administrative functions with some affiliates. The following presentation discloses the amount of funds granted to each affiliate.

	2010	2009
Mont St. Joseph Home Inc.	$6,813,302	$6,406,904

Saskatchewan Health requires additional reporting in the following financial summaries of the affiliate entity for the years ended March 31, for 2010 and 2009.

Mont St. Joseph Home Inc.:

	2010	2009
Balance Sheet		
Assets	$ 522,461	$ 639,238
Net Capital Assets	10,123,654	10,331,892
Total Assets	$ 10,646,115	$ 10,971,130
Total Liabilities	$ 1,384,924	$ 1,491,846
Total Net Assets (Fund Balances)	9,261,191	9,479,284
	$ 10,646,115	$ 10,971,130
Results of Operations		
RHA Grant	$ 6,813,302	$ 6,406,904
Other Revenue	1,957,008	2,009,115
Total Revenue	$ 8,770,310	$ 8,416,019
Salaries & Benefits	$ 7,064,481	$ 6,804,662
Other Expenses*	1,923,922	1,880,290
Total Expenses	$ 8,988,403	$ 8,684,952
Excess Revenue over Expenses	$ (218,093)	$ (268,933)
*Other Expenses includes amortization of $428,273 (2009 - $411,934)		
Cash Flows		
Cash from Operations	$ 59,933	$ 261,737
Cash used in Financing Activities	(2,365)	(2,187)
Cash used in Investing Activities	(220,035)	(166,053)
Increase in cash	$ (162,467)	$ 93,497

*Cash used in investing activities includes capital purchases of $220,035 (2009 - $66,053)

iii) Fundraising Foundations

Fundraising efforts are undertaken through a non-profit business corporation known as the Victoria Hospital Foundation (the Foundation). The Prince Albert Parkland RHA has an economic interest in the Foundation. In accordance with donor-imposed restrictions, $690,844 (2009-$746,465) of the foundation's net assets must be used to purchase specialized equipment. The foundation's total expenses include contributions of $1,171,807 (2009 - $163,608) to the RHA.

The Foundation has not been consolidated in the RHA's financial statements. Financial statements of the Foundation are available upon request. Financial summaries of the unconsolidated entity for the years ended March 31, 2010 and 2009 are as follows:

Victoria Hospital Foundation:

Balance Sheet	2010	2009
Total Assets	$ 624,306	$ 1,349,231
Total Liabilities	73,321	102,973
Total Net Assets (Fund Balances)	550,985	1,246,258
	$ 624,306	$ 1,349,231
Results of Operations		
Total Revenue	749,231	834,016
Salaries & Benefits	173,403	170,514
Other Expenses*	1,271,101	216,156
Total Expenses*	1,444,504	386,670
Excess Revenue over Expenses	$ (695,273)	$ 447,346

*Total Expenses include contributions of $1,171,807 (2009 - $163,608) to the Regional Health Authority and amortization of $7,268 (2009 - $7,473)

Cash Flows		
Cash From Operations	$ (707,057)	$ 137,704
Cash Used in Financing Activity		
Cash Used in Investing Activity*	-	(9,513)
	$ (707,057)	$ 128,191

*Investing Activities includes capital purchases of $0 (2009 - $9,513)

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

a) Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

b) Public Service Superannuation Plan (a related party) – This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.
c) Public Employees' Pension Plan (a related party) – This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to the plans is limited to making the required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2010				2009
	SHEPP**	PSSP	PEPP	Total	Total
Number of active members	2,107	1	34	2,142	1,934
Member contribution rate, percentage of salary	5.85-7.35%*	6.55-8.23%*	6.55-8.23%*		
RHA contributions rate, percentage of salary	5.85-7.35%*	6.55-8.23%*	6.55-8.23%*		
Member contributions (thousands of dollars)	5,791	6	152	5,949	4,521
RHA contributions (thousands of dol-	6,485	27	158	6,670	5,085

* Contribution rate varies based on employee group.
** Active members include all employees of the RHA, including those on leave of absense as of March 31, 2010. Inactive members are transferred to SHEPP and not included in these results

12. Budget

The RHA Board approved the 2009-2010 budget plan on May 20th, 2009.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Health - General Revenue Fund, Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short-term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable
- Cash, short-term investments and long-term investments are recorded at fair value as disclosed in Schedule 2, determined using quoted market prices.
- The fair value of mortgages payable and long term debt before the repayment required within one year, is $7,562,465 (2009 - $7,991,100) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements, net of mortgage subsidies.

d) Operating Line-of-Credit

The Regional Health Authority has a line-of-credit limit of $1,000,000 (2009 - $1,000,000) with an interest charged at prime minus 0.50%, which is re-negotiated annually. The line-of-credit is secured by an Overdraft Borrowing Agreement supported by a Borrowing Resolution and by an assignment and hypothecation of revenues. Total interest paid on the line-of-credit in 2010 was $0 (2009 - $647).

14. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases, and reassigning fund balances to support certain activities.

	2010			2009		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Building renovations	$ -	$ -	$ -	$ -	$ -	$ -
Capital asset purchases	-	-	-	-	2,942	(2,942)
SHC reserves	(60,971)	60,971	-	(19,582)	19,582	-
Ministry Instructed Transfer	24,800,000	(24,800,000)	-			
Energy Performance Loan payments	(91,000)	91,000	-			
Mortgage Payments	-	-	-	-	-	-
Other	(20,244)	23,866	(3,623)	(2,738,863)	2,741,863	(3,000)
	$ 24,627,785	$(24,624,163)	$ (3,623)	$ (2,758,445)	$ 2,764,387	$ (5,942)

15. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

16. Joint Job Evaluation Reconsiderations

The joint job evaluation/pay equity initiative for the service provider unions CUPE, SEIU, and SGEU allowed for an appeal (or reconsideration) process. As a result, employees and employers filed appeals, and recommendations on these appeals were completed. Major disputes were heard before the JJE Dispute Resolution Tribunal (Tribunal). A number of individual issues consisting of recommendations not agreed to still remain. Outcomes of the Tribunal resulted in further issues where additional classifications were created and duties of existing classifications were revised. A process to deal with the issues is being developed by the unions and SAHO and eventually the specific decisions will be determined by a third party. Dealing with some of these issues is expected to extend until 2011. The results of outstanding issues are currently unknown. The costs of these cannot be reasonably determined at this time

17. North Sask Laundry and Support Services Ltd.

Prince Albert Parkland Health Region is one of four shareholders of North Sask Laundry and Support Services Ltd. which supplies laundry services to its owners for a fee that is intended to insure the laundry has sufficient cash flows to operate effectively. North Sask Laundry and Support Services Ltd. is incorporated under the Saskatchewan Business Corporations Act and is treated as a not for profit company for tax purposes. The Board of Directors of Prince Albert Parkland Health Region passed a motion to guarantee a proportional share (1/4) of an operating loan for the laundry service, representing a potential liability of $1,157.

18. Natural Gas Supply Contracts

The Prince Albert Parkland Regional Health Authority has entered into natural gas supply contracts. Gas contracts in place for the Victoria Hospital for the period November 1st, 2009 to October 31st, 2010 guarantee pricing at $7.75/gj. Gas contracts in place for all other facilities for the period November 1st, 2009 to October 31st, 2011 guarantee pricing at $7.45/gj.

19. Collective Agreements

The CUPE contract expired March 31, 2008 and, while the proposed settlement has not been agreed to or ratified by the union, an estimate for the CUPE retroactive settlement of $6,040,000 has been accrued in the financial statements. The HSAS contract expired March 31, 2009 and negotiations are ongoing. An estimate of the settlement is not determinable at this time. The SUN contract is in effect until March 31, 2012.

20. Comparative Information

Certain 2008-09 balances have been reclassified to conform to the current year's presentation.

SCHEDULE 1
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATE EXPENDITURES BY OBJECT
For the year ended March 31, 2010

	Budget 2010	Actual 2010	Actual 2009 (Note 11)
Operating:			
Board costs	$ 142,902	$ 80,543	$ 84,536
Compensation - Benefits	19,508,349	18,062,415	16,790,369
Compensation - Salaries	98,549,652	106,832,593	91,907,488
Diagnostic imaging supplies	186,053	155,281	153,625
Drugs	2,552,638	2,401,196	2,436,860
Food	2,193,578	2,313,265	2,102,064
Grants to ambulance services	2,964,350	2,970,100	3,125,247
Grants to third parties	8,254,719	7,437,421	7,904,538
Housekeeping and laundry supplies	1,117,259	1,278,103	1,084,594
Information technology contracts	930,999	998,608	797,582
Insurance	312,410	312,177	298,847
Interest	20,968	22,819	28,923
Laboratory supplies	1,059,843	1,166,743	1,065,064
Medical and surgical supplies	3,294,554	3,857,573	3,202,553
Medical remuneration and benefits	13,480,391	13,678,194	12,863,099
Office supplies and other office costs	556,390	566,732	526,005
Other	2,329,887	2,984,207	2,290,981
Other referred out services	3,013,679	3,881,671	2,953,277
Professional fees	654,420	713,343	635,980
Prosthetics	883,088	957,566	824,087
Purchased services	1,432,683	1,614,210	1,487,545
Rent/lease costs	3,052,528	3,006,793	2,889,912
Repairs and maintenance	1,170,101	1,169,842	1,336,226
Service Contracts	680,411	702,304	646,272
Travel	1,491,288	1,628,764	1,704,452
Utilities	2,664,013	2,640,435	2,582,453
	$ 172,497,153	$ 181,432,898	$ 161,722,579
Restricted:			
Amortization		$ 5,077,693	$ 3,905,437
Loss/(Gain) on disposal of fixed assets		21,508	(308,936)
Mortgage Interest		355,200	379,219
Other		197,098	338,657
		$ 5,651,499	$ 4,314,377

SCHEDULE 2
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INVESTMENTS
For the year ended March 31, 2010

	Fair Value	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short-term				
Chequing and Savings:				
CIBC - Prince Albert, Sk	$ 4,188,083			
RBC - Prince Albert	8,558			
Manulife Inv. Savings Account	502,754			
Bank of Nova Scotia GIC 1.85%	2,428,155	11/12/2011	1.85%	
Vancity Credit Union GIC 1.3%	1,500,000	11/12/2011	1.30%	
CIBC - GIC	2,025,700	8/30/2010	4.27%	
CIBC - GIC	8,105,200	4/1/2011	2.40%	
Total Cash & Short Term Investments	18,758,450			
Long Term				
Shellbrook Credit Union	11,169	4/5/2010	2.68%	
Shellbrook Credit Union	15,075	9/18/2012	1.70%	
Shellbrook Credit Union	130,260	3/25/2011	1.70%	
Shellbrook Credit Union	157,357	6/1/2010	2.40%	
Shellbrook Credit Union	62,000	2/20/2011	0.81%	
Shellbrook Credit Union	57,865	3/14/2012	2.00%	
Shellbrook Credit Union	95,126	3/14/2010	1.61%	
Shellbrook Credit Union	56,753	5/7/2010	4.47%	
Shellbrook Scotia Bank	31,284	8/24/2010	3.32%	
Shellbrook Scotia Bank	40,490	2/20/2012	3.30%	
Shellbrook Credit Union Cash	7,453			
Total Long Term Investments	664,832			
Total Restricted Investments	**$ 19,423,282**			
Unrestricted Investments				
Cash and Short-Term				
Petty Cash	$ 10,845			
C.I.B.C. - Prince Albert, Sk	1,117,826			
Shellbrook Credit Union	29,157			
Marcelin Credit Union	28,533			
Leoville Credit Union	25,988			
Scotiabank (Kinistino)	38,714			
Spiritwood Credit Union	91,689			
Vancity Credit Union GIC 0.77%	6,040,000	cashable	0.77%	
CIBC - GIC	79,600	4/25/2011	4.62%	
CIBC - GIC	1,000,000	4/26/2010	4.40%	
CIBC - GIC	700,000	8/22/2011	1.70%	
CIBC - GIC	134,800	3/9/2011	2.75%	
CIBC - Wood Gundy Equity	188,582			
CIBC - GIC	1,894,138	3/9/2011	2.75%	
RBC - PRN	3,229,765	3/11/2013	3.00%	
Renaissance Savings Account	500,969			
Total Cash & Short Term Investments	15,110,606			
Long Term				
Total Long Term Investments	$ -			
Total Unrestricted Investments	**$ 15,110,606**			
Total Investments	**$ 34,533,888**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	$ 33,869,056			
Total Long Term	664,832			
Total Investments	**$ 34,533,888**			

*Restricted Investments consist of:

- Community generated funds trasnferred to the RHA and held in the Community Trust Fund (Schedule 3); and

- Replacement reserves maintained under mortgage agreements with Canada Mortgage and Housing Corporation (CMHC) and/ or Saskatchewan Housing Corporation (an agency of the Ministry of Social Services) (SHC) held inthe Capital Fund (Schedule 4).

SCHEDULE 3
PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATE EXTERNALLY RESTRICTED FUNDS
For the year ended March 31, 2010

COMMUNITY TRUST FUND EQUITY

	Balance, Beginning of Year	Investment and Other Revenue	Donation	Expenses	Withdrawals	Balance, End of Year
Kinistino and District Health Foundation Inc.	$ 592,493	$ -	$ -	$ -	$ -	$ 592,493
The Birch Hills and Area Health Care Foundation Inc.	102,304	1,319	-	(3,623)	-	100,000
Shellbrook Union Hospital Board	623,101	14,866	-	-	-	637,967
Agnew Estate	31,114	1,093	-	-	-	32,207
Prince Albert Parkland Regional Health Authority	128,631	4,361	-	-	-	132,992
Total Community Trust Fund Externally Restricted Funds	$ 1,477,643	$ 21,639	$ -	$ (3,623)	$ -	$ 1,495,659

CAPITAL FUND

	Balance, Beginning of Year	Investment and Other Income	Capital Grant Funding	Expenses/ Ministry Instructed Transfer	Transfer of Investment in Capital Assets	Balance, End of Year
Brief and Social Detox Centre - Project Hope	$6,044,464	$ -	$ -	$ -	$(6,044,464)	$ -
Family Treatment Centre - Project Hope	6,268,262	150,438	1,668,000	-	-	8,086,700
North Sask Laundry Building Upgrade	7,613,445	-	-	-	(7,613,445)	-
Ministry of Health - Capital Projects (Pineview Terrace - Prince Albert Parkland Terrace/Shellbrook Hospital)	28,100,000	18,844	-	(24,800,000)	(787,421)	2,531,423
Total Capital Externally Restricted Funds	$48,026,171	$ 169,282	$1,668,000	$(24,800,000)	$(14,445,330)	$10,618,123
Total Externally Restricted Funds	**$49,503,814**	**$ 190,921**	**$1,668,000**	**$(24,800,000)**	**$(14,445,330)**	**$12,113,782**

SCHEDULE 4 PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY SCHEDULE OF CONSOLIDATE INTERNALLY RESTRICTED FUND BALANCES For the year ended March 31, 2010

	Balance, Beginning of Year	Investment Income Allocated	Annual Allocation from unrestricted fund	Transfer to unrestricted fund (expenses)	Transfer to investment in capital asset fund balance	Balance, End of Year
Capital						
SHC Replacement Reserves						
Birchview Home	$ 9,738	$ 496	$ 5,075	$ 5,616	$ 6,459	$ 3,234
Hafford Special Care Centre	14,419	748	4,250	10,000	-	9,417
Herb Bassett Home	314,439	16,394	33,885	9,262	13,376	342,080
Idylwild Lodge	11,088	554	10,000	-	4,227	17,415
Jubilee Lodge	29,266	1,513	7,755	6,512	-	32,022
Jubilee Units	113,629	5,932	17,600	2,255	-	134,906
Lakewood Lodge	59,069	3,060	9,100	-	-	71,229
Parkland Terrace	73,126	3,836	7,707	-	-	84,669
Pineview Terrace Lodge	13,038	660	14,300	19,105	7,955	938
Pineview Terrace Units	64,060	3,547	-	11,936	-	55,671
Wheatland Lodge	43,097	2,216	7,750	-	12,900	40,163
Whispering Pine Place	85,000	4,372	8,235	-	55,503	42,104
Total SHC	829,969	43,328	125,657	64,686	100,420	833,848
Other Internally Restricted Funds						
Begin Estate	3,491	184	-	-	-	3,675
Ferris Estate	29,761	1,554	-	-	-	31,315
Herb Bassett Home Chapel	3,223	368	-	-	-	3,591
Parkland Terrace	68,418	3,568	-	-	-	71,986
Poole Estate	18,893	987	-	-	-	19,880
Printing Equipment	102,344	5,343	-	-	-	107,687
Renal	44,111	2,303	-	-	-	46,414
Smith Estate	104,599	5,461	-	-	-	110,060
Tadman Estate	48,496	2,508	-	19,986	-	31,018
Watsang Estate	10,723	560	-	-	-	11,283
Total Other	434,059	22,836	-	19,986	-	436,909
Total Capital	$ 1,264,028	$ 66,164	$ 125,657	$ 84,672	$ 100,420	$ 1,270,757

SCHEDULE 5 PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY CONSOLIDATE SCHEDULE OF BOARD MEMBER REMUNERATION For the year ended March 31, 2010

RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	2010 Total	2009 Total
Chairperson								
Dobrowolsky, G.	$10,790	$ 12,422	$ 2,644	$ 2,461	$ -	$ 1,048	$ 29,365	$ 3,890
Board Member								
Abrametz, B.	-	3,725	72	-	-	140	3,937	909
Attrux, I.	-	-	-	-	-	-	-	6,506
Bighead, S.	-	1,275	125	170	-	36	1,606	2,441
Boechler, J.	-	-	-	-	-	-	-	6,244
Byrne, D.	-	2,875	-	314	-	-	3,189	718
Cadieu, G.	-	4,738	2,175	2,950	-	270	10,133	1,787
Code, D.	-	3,650	163	177	-	106	4,096	4,758
Ewanchuk, R.	-	4,413	1,750	3,442	-	199	9,804	26,140
Ferguson, L.	-	-	-	-	-	-	-	3,317
Gange, H.	-	-	-	-	-	-	-	5,810
Henderson, S.	-	800	-	554	-	42	1,396	964
Jurgens, A.	-	2,963	225	215	-	133	3,536	738
Koester, D.	-	-	-	-	-	-	-	2,942
Leson, P.	-	-	-	-	-	-	-	3,313
McFee, D.	-	2,225	50	433	-	18	2,726	884
Morin, P.	-	-	-	-	-	-	-	4,788
O'Neil, C.	-	-	-	-	-	-	-	2,021
Olson, J	-	4,463	1,750	887	-	237	7,337	1,446
Osmundson, G.	-	4,413	1,063	1,453	-	-	6,929	1,302
Saam, L.	-	-	-	-	-	-	-	6,020
Total	$10,790	$ 47,962	$ 10,017	$ 13,056	$ -	$ 2,229	$ 84,054	$86,938

SCHEDULE 6 PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY CONSOLIDATED SCHEDULE OF SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE For the year ended March 31, 2010

	2010					2009		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Cecile Hunt, CEO	$160,173	$ 4,794	164,967	$ -	$ 164,967	$165,191	$ -	$ 165,191
Lynnda Berg, VP	139,987	66	140,053	-	140,053	135,974	-	135,974
Joan Gasior, VP	-	-	-	-	-	118,908	-	118,908
Patricia Stuart, VP	120,443	66	120,509	-	120,509	10,245	-	10,245
John Piggott, VP	139,987	66	140,053	-	140,053	135,974	-	135,974
Carol Gregoryk, VP	125,117	66	125,183	-	125,183	115,243	-	115,243
Morgan Kennedy, VP	139,965	66	140,031	-	140,031	135,974	-	135,974
Jamie Callahan, VP	139,987	66	140,053	-	140,053	117,744	-	117,744
Robin Knutson, aVP	-	-	-	-	-	15,676	-	15,676
Doug Dahl, Communications Officer	59,521	66	59,587	-	59,587	57,824	-	57,824
Kathy Holmgren, Executive Assistant	59,521	66	59,587	-	59,587	58,465	-	58,465
Dr. L. Poulin, Senior Physician Executive	-	-	-	-	-	129,885	-	129,885
Dr. E. Royeppen, Senior Physician Executive	139,285	-	139,285	-	139,285	23,215	-	23,215
Cross J, Senior Physician Executive	154,640	-	154,640	-	154,640	-	-	-
Dr. K. Chokani, Medical Health Officer	220,941	-	220,941	-	220,941	-	-	-
Dr. L. Lanoie, Medical Health Officer	24,423	-	24,423	-	24,423	171,673	-	171,673
Total	$1,623,990	$ 5,322	$1,629,312	$ -	$1,629,312	$1,391,991	$ -	$1,391,991

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lump sum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile, cell-phone, computer, etc. As well as any other taxable benefits.

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Regions are required to disclose payments by payee for the fiscal year in the annual report. The Government of Saskatchewan Treasury Board determines the threshold for payees requiring disclosure. The minimum threshold is $50,000.

Payees are to be sorted into the following 4 categories and include the following information:

1. Personal Services - disclose the name and amount paid to individuals of the RHA who received salaries, wages, bonuses, honoraria and compensation for personal service. This category includes unionized and non-unionized employees, senior management (that are also included in Schedule 5 of the Audited Financial Statements), and contracts where an 'employee/employer relationship' is established. The amount paid includes the following:
   - Salaries - regular base pay, overtime, lump sum payments, honoraria/retainers/per diems, severance pay, non-taxable career assistance, education leave allowance, taxable employee education expenses, car allowances, and any other direct cash remuneration including sick leave, short-term disability, vacation, and differentials.
   - Contracts – the total amount paid (over the threshold) if an 'employee/employer' relationship exits. If the relationship does not exist and the payment is over the minimum threshold, report the amount as a 'Supplier Payment'
2. Transfers – disclose the payees name and amount paid for each payee receiving payments for: program grants, funding, foundations, donations, sponsorships and HCOs, over the minimum threshold. Do not disclose details for programs of a confidential and personal nature. Transfers amount for each Affiliate equals the total grant (or funding) less the amount recorded in the previous section for personal services for that affiliate.
3. Supplier Payments - disclose payees name and amount paid for the provision of goods and/or services to the RHA. Also, include contracts over the minimum threshold of contracts where an 'employer/employee' relationship does NOT exist.
4. Other Expenditures - disclose payees name and amount paid for expenditures of the RHA above the threshold not included in other categories.

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Aberhart, Jennifer	$ 58,192	Berg Kolody, Lisa	$ 110,595
Abramyk, Joanne	51,309	Best, Margot	101,938
Adrian, Cynthia	58,653	Bevan, Evelyn	70,055
Alasagas, Tito Marie	92,958	Bibby, Brad	65,002
Allen, Aleta	94,400	Billay, Jason	76,571
Allen, Marlene	92,980	Billay, Robert	54,668
Allen, Olga	71,932	Bingham, Britt	58,250
Alvarez, D. Chi Min	71,198	Bircham, Tabbatha	53,900
Alvarez, Richard	82,286	Bird, Alice	65,708
Amundson, Lucille	82,947	Birkland, Carroll	83,745
Amyotte, Corrine	54,270	Bissky, Boris	54,685
Amyotte, Janelle	66,604	Blackburn, Anthony	58,323
Anaka, Kim	97,729	Blain, Bernadette	58,816
Anderson, Shelly	58,468	Blair, Michelle	80,905
Andre, Brenda	60,247	Blechinger, Charity	76,995
Antoine, Jane	100,269	Blocka, Lynn	81,101
Appleyard, April	64,204	Bloor, Lavern Jo	54,724
April, Susan	62,037	Bodnarchuk, Marjorie	100,157
Aquino, Ronald	92,734	Bolotniuk, Lori Lee	77,882
Arcand, Roxanne	56,633	Bonar, Connie	60,256
Archer, Margaret	90,718	Bonilla, Melanie	67,734
Archibald, Chris	59,742	Bouvier, Aimee	53,375
Archibald, Pamela	57,610	Boychuk, Lois	172,377
Aschenbrenner, Joanne	58,976	Boyko, James	57,098
Ashworth, Susan	62,533	Braaten, Deanne	59,832
Aspvik, Lois	54,069	Brad, Donna	112,910
Atcheson, Wanda	99,200	Brahniuk, Corina	77,951
Aug, Angela	72,219	Branconnier, Shala	52,562
Badgley, Stephanie	58,718	Brandolino, Brandy	60,362
Badiuk, Jane	83,758	Bray, William	70,039
Bagongon, Iris Ella	83,605	Breker, Brenda	51,795
Bagongon, Irvin	78,447	Bridge, Gary	90,327
Balicki, Lennie	92,472	Briggs, Lori	70,039
Balicki, Lesia	111,875	Brits, Nico	304,616
Balicki, Sherry	65,822	Brooks, Coleen	74,255
Balicki, Valerie	77,048	Brooks, Joanne	95,943
Balon, Dorothy	58,881	Brossart, Antonia	93,203
Balone, Claire	120,143	Brown, Kerrie	53,694
Balone, Yvonne	73,484	Brown, Lisa	53,876
Batisarisari, Judy	56,690	Brown, Marjory	53,707
Batty, Darlene	117,348	Bruce, Lynn	62,467
Bautista, Joey	66,931	Bruce, Morris	61,077
Beauchesne, Laura	67,486	Brydges, Joanne	84,448
Beaulieu, Dolores	65,639	Buchinski, Susan	58,934
Beaurivage, Bruce	78,731	Buckingham, Katheryn	61,391
Beddome, Judy	71,967	Burnie Allen, P. Jill	63,727
Belair, Kimberly	53,727	Busch, Lynne	72,026
Belanger, Megan	60,092	Butterfield, Marina	55,336
Beltran Yu, Ronnie Po	79,318	Cabilao, Evangeline	83,945
Benoit, Denise	80,394	Cadieu, Bonnie	86,392
Benson, Barbara	66,893	Caissy, Twyla	55,956
Benson, Lance	67,004	Calayo, Clarissa	58,733
Bentz, Stacy	59,469	Callahan, Jamie	139,987
Beres, Chelsey	55,177	Camche, Allisyn	63,046
Berg, Lynnda	139,987	Cameron, Diana	58,547

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Cameron, Dwayne	$	67,329	Denis Blais, Dianne	$	90,757
Campbell, Lorraine		84,433	Devers, Michelle		50,167
Camponi, Rosa		60,278	Dewhurst, Bonnie		54,119
Carnegie, Heather		65,072	Dickson, Cathy		82,666
Carrier, Janet		58,587	Diemert, Jackaleen		74,663
Carriere, Shelly		58,058	Dimaya, Ma Carlia		71,099
Carruthers, Glen		92,674	Disiewich, Karen		68,386
Casavant, Heather		76,377	Donald, Helen		92,963
Casavant, Meghan		65,281	Dooley, Nikki		71,065
Chambers, Lisa		68,199	Dorosh, Perpetua		99,007
Chartrand Trzask, Christina		56,839	Doucette, Florette		96,207
Chaudhry, Zubaida		147,116	Dougan, Beverley		100,091
Chavez, Malcolm		63,262	Dowling, Deanne		97,393
Chedogi, Mariusz		52,420	Downey, Sherryl		72,909
Chesley, SharonLee		102,700	Driedger, Amanda		90,999
Chorney, Carley		58,811	Drieschner, Arlene		93,695
Christiansen, Lori		68,678	Dubyk, Deborah		79,480
Clark, Janet		85,371	Duenas, Chrizalyn		89,237
Clarke, Glenis		67,625	Dupuis, Jocelyne		65,172
Clarke, Trina		60,146	Dupuis, Tracy		75,363
Cochrane Zalewsk, Michelle		72,284	Duret, Aline		73,712
Conant, Dana		52,750	Dykun, Kimberly		75,027
Cook, Delphine		82,248	Dynna, Maureen		50,749
Cook, Donna		81,910	Eberts, Tamara		100,464
Cook, Wanda		75,743	Ecaldlre, Peter		86,349
Cooke, Gaylene		94,078	Echavez, Marilou		55,133
Cooling, Jerrilyn		98,746	Eddolls, Colleen		58,415
Cooper, Darla		94,510	Edrozo, Gerald		68,377
Cooper, Sheila		102,154	Elliott, Cheryl		95,822
Coutu, Jas		81,453	Enns, Brett		116,153
Couture, Patricia		102,790	Epp, Dorothy		71,711
Crawford, Eleanor		67,653	Epp, Marissa		52,217
Creighton, Linda		54,639	Erickson, Kristen		51,654
Crellin, Margaret		86,234	Ericson Lemaigre, Wendy		71,983
Curtis, Chona		81,489	Ermine, Edmund		50,808
Cutting, Eunice		82,810	Ernst, Tanya		101,259
Cyr, Murielle		62,541	Escalada, Charry		95,795
Dagenais, Karen		100,559	Escueta, Jan Keith		104,143
Dagenais, Shawn		63,197	Escuro, Michelle		84,740
Dahl, Doug		59,521	Esteban, Antonio E		81,252
Dahl, Janet		119,639	Evangelista, Nomy		88,854
Daigneault, Samantha		83,834	Evans, Kathy		64,058
Dampil, Charry		71,400	Fabian, Maricris		83,682
Danger, Betty		88,305	Fahlman, Theresa		95,909
Daniels, Doris		78,494	Falloon, Nadine		70,113
Danielson, Debra		83,631	Famulak, Kevin		71,554
Danttouze, Jeanette		59,962	Farthing, Krista		95,386
Darbyshire, Diana		101,052	Fauchoux, Elaine		81,416
Davidson, Cagney		61,853	Favel, Linda		62,957
Davidson, Elbert		60,902	Favel, Pamela		50,839
Davies, Tracie		64,049	Favreau, Glenda		54,718
De Lara, Pressie		123,803	Favreau, Sherry		55,829
Deforest, Jacquelin		64,341	Featherstone, Tobi		55,624
Delisle, Marc		53,855	Fecyk, Diana		63,946
Delparte, Corinne		69,665	Fee, Christal		66,365

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Fehr, Darlene	$ 91,569	Gyoerick, Robin	$ 61,617
Feland, Leslie Ann	84,157	Halcro, Quentin	107,548
Ferguson, Tom	74,480	Halsall, Dawn	58,650
Ferland, Beverly	69,099	Hamborg, Eileen	54,912
Fernandez, Fe	100,949	Hamilton, Neil	57,989
Fernandez, Kohleen	64,851	Hamilton, Trudy	85,193
Fiddler, Charity	53,463	Hamlyn, Muriel	85,300
Fiddler, Danielle	53,505	Hannotte, Terri	65,292
Fiddler, Tracey	53,704	Hansen, Meagan	70,464
Fisher, Barbara	96,003	Harach, Mary	74,654
Fitzpatrick, Robert	68,551	Harasymuk, Brian	117,399
Fjeld, Terry	63,304	Hareuther, Jennifer	93,841
Foy, Nicole	65,368	Hargrave, Harold	68,734
Franc, Joanne	99,582	Harper, Monica	71,705
Franc Beaurivage, Lydia	92,472	Harradence, Lisa	86,861
Franklin, Kelly	66,880	Harris, Jacqueline	52,963
Frohaug, Lori	99,525	Harrison, Loraine	94,271
Fuentes, Diana	75,620	Hart, Lyla	104,769
Fuller, Bonnie	96,089	Hayduk, Karen	52,608
Fuller, Sharon	74,946	Hayes, Linda	90,437
Furber, Christine	99,587	Hebblethwaite, Joanne	64,823
Fyrk, Lynda	82,470	Heidel, Sandy	75,253
Gabrielson, Heather	82,758	Hein, Edith	68,231
Garand, Robert	69,247	Hein, Gordon	65,436
Garbolinsky, Gina	54,315	Henry, Kristin	65,973
Garcia, Zenaida	92,055	Henry, Tammy	75,500
Garden, Nicole	65,979	Heroux, Wendy	75,078
Gatin, Peggi Lynn	69,932	Hewitt, Barbara	71,092
Gaudet, Dean	64,702	Hewitt, Lee Anne	84,662
Gaudet, Dori	83,109	Hicks, Carrie	102,890
Gauthier, Theresa	78,525	Higgins, Garry	54,165
Gauthier, Tracy	58,369	Hipkiss, Nadine	87,152
Gaveronski, Nancy	72,126	Hnidek, Frances	64,349
Genciana, Carol Joy	80,220	Hobson, Traci	102,509
Georget, Alden	75,794	Hodgson, Whitney	56,564
Gignac, Laura	85,073	Holmgren, Kathy	59,521
Gillespie, Alison	54,043	Honig, Colleen	71,797
Gillis, Tammy	98,956	Hope, Penny	71,004
Gilmour, Janel	61,995	Hornung, Joan	78,526
Gilmour Kessler, Linda	61,487	Horvey, Jill	64,061
Gjesdal, Joy	63,832	Hradecki, Kimberley	83,639
Glass, Sandra	93,625	Hrenyk, Loretta	74,218
Goller, Shelley	92,204	Hrynuik, Karen	68,340
Gonzales, Lyra	100,857	Hundeby, Lisa	67,486
Gordon, Cathy	69,466	Hunker, Kathy	95,585
Gordon, Shannon	57,755	Hunt, Cecile	160,173
Gould, Catherine	62,576	Hunter, Kathryn	59,349
Goy, Jan	72,854	Hupaelo, Caroline	71,183
Gray, Vivian	50,927	Huska, Lorraine	88,249
Gregory, Sharlene	57,591	Ilnisky, Janet	102,147
Gregoryk, Carol	125,117	Ingham, Tanya	89,047
Griffin, Sharon	63,669	Isbister, Valerie	52,993
Grimard, Sharon	55,997	Iverson, Cathy	100,830
Grimes, Lisa	55,582	Jackow, Deborah	93,334
Gunn, Karen	121,275	Jacobs, Katharine	73,247

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Jahn, Sonya	$	74,518	Lachance, Delores	$	53,689
Julbuena, Rommel		64,833	Ladeza, Reynaldo		102,072
Janz, Trenton		59,938	Lai, Sandy		62,681
Janzen, Laurie		70,402	Lai, Yun		82,734
Jenkins, Patricia		65,448	Laidlalw, Sally		62,504
Jezowski, Jamilynn		59,441	Laird, Raina		50,567
Johnson, Darlene		52,618	Lajeunesse, Joanne		115,927
Johnson, Debora		58,094	Lalonde, Marie Ann		82,637
Johnson, Ian		66,214	Lambiris, Richelle		50,229
Johnson, Lorraine		54,644	Lang, Bridgette		64,863
Johnston, Carolyn		50,061	Laprise, Kristin		58,961
Johnston, Merle		52,099	Larose, Linda		52,254
Jonasson, Ashley		57,821	Larson, Aimee		87,754
Jones, Moniqua		91,057	Lat Palisoc, Michelle		111,809
Joo, Cheryl		77,013	Laturnas, Laurie		74,839
Jubilan, Ann		67,066	Lauterbach, Barbara		80,708
Jurgens, Douglas		121,997	Lawson, Tammy		81,170
Jurgens, Victoria		70,096	Leaderhouse, Richard		91,093
Kacher, Jane		78,119	Leblanc, Elise		88,461
Kaminsky, Donna		89,347	Lee, Connie		111,397
Kapacila, Jan		61,317	Leeb, Sonya		120,896
Kaptein, Karen		97,932	Lehmann, Diane		93,765
Kazmiruk, Eloise		107,054	Lehner, Nola Rae		61,399
Keating, Sandra		92,230	Leier, Melissa		51,094
Keith, Jena		59,650	Lepage, Adrien		85,882
Kendel, Pamela		68,560	Lepage, Christina		72,204
Kenke, Kimberly		98,162	Leschyshyn, Cynthia		74,518
Kennedy, Jelaine		58,029	Lesko, Carlie		76,533
Kennedy, Morgan		139,965	Lesperance, Cathleen		62,042
Kenny, Samantha		60,049	Levesque, Barbara		120,705
Kent, Debbie		59,178	Lindsay, Kirstie		70,550
Kibanoff, Constantine		85,238	Little, Lisa		84,039
Kinar, Deanna		81,579	Lloyd, Kellene		84,691
King, Darci		61,827	Lloyd, Maria		62,321
King, Maryanne		61,030	Loewen, Norma		82,481
Klughart, Garry		50,378	Lofstrom, Laurel		57,224
Knifton, Amanda		51,848	Long, Sheila		66,906
Knoke, Julia		57,422	Lukan, Laurianne		56,909
Knudsen, Jennie		56,705	Lukowich, Arlene		75,541
Knudsen, Robin		87,676	Lumberjack, Peggy		55,447
Knutson, Janelle		59,548	Lundgren, June		73,747
Kolendreski, Dwayne		83,191	Lysitza, Corinna		88,461
Komaike, Lois		57,327	Lysitza, Susan		56,520
Kopperud, Debra		67,108	Macabanti, Rabbi		87,901
Korody, Sharon		71,016	MacDonald, Lana		81,931
Kotyk, Jaelynn		66,107	Macfie, Vikki		89,741
Krawec, Carmen		89,422	Maclean, Murdeen		66,328
Krider, Roberta		67,174	Madwid, Doreen		63,158
Krsacok, Marilyn		62,990	Magnusson, Eva		64,529
Ksyniuk, Denise		55,343	Manseau, Jeanne		68,849
Kukac, Charline		67,641	Mante, Mark Step		82,178
Kulyk, Janet		56,895	Marcia, Laura		81,529
Kwiatkowski, Brenda		74,545	Mardell, Dawn		58,515
Kwok, Joanne		164,144	Marion, Irene		91,174
Kyei, Joyce		89,555	Marion, Melanie		81,737

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Marshall, Patricia	$	75,699	Morrison, Michael	$	51,800
Martens, Sonya		53,598	Morrow, Eva Marie		86,399
Martin, Paulette		82,223	Mourot, Robin		54,526
Martodam, Roseline		93,196	Moyer, Patsy		54,404
Masiglat, Pepito		136,323	Muller, Sharon		60,515
Mason, Karen		69,321	Mumm, Lorna		54,645
Mason, Linda		94,353	Munar, Wilma		78,906
Mason, Pauline		55,523	Mychan, Shannon		65,642
Massey, Geraldine		54,269	Nagy, Allison		65,936
Maatheis, Elona		84,200	Nagy, Shirley		65,427
Matice, Madeleine		65,046	Nahachewsky, Donna		99,582
Maturan, Zosima		83,161	Naharney, Kathy		54,707
Matwishyn, Debbie		91,077	Natomagan, Lindsay		52,995
Matzner, Juliette		92,976	Natomagan, Tara		71,210
Mccann, John		86,234	Neilson, Joyce		51,178
Mccomas, Lindsey		60,451	Nelson, Amanda		56,702
Mccready, Deborah		84,169	Nelson, Catherine		50,736
McDonald, Barbara		116,869	Nelson, Darcie		86,384
McDougall, Brenda		60,748	Nelson, Frances		50,521
McGregor, Kristy		68,145	Nelson, Joseph		60,349
McIntyre, Raeanne		60,212	Nelson, Lori		58,977
McIvor, M. Ruth		52,920	Neudorf, Deanna		56,547
McKay, Coralie		50,106	Neufeld, Agatha		82,047
McKay, Linda		65,490	Neufeld, Patricia		53,488
McKinnon, Linda		81,938	Neuman, Elaine		51,581
McLaughlan, Sylvia		58,609	Newhouse, Sandra		99,582
McLean, Catherine		87,492	Nicholson, Laura		75,947
McLeod, Donna		83,741	Nicklas, Marvin		83,410
McLeod, Gloria		89,152	Nielsen, Dianne		60,401
McLeod, Jolene		64,049	Nutter, Donna		56,678
McLeod, Lesley		78,582	Nykiforuk, Patricia		98,589
McMunn, Brenda		79,261	Obaldo, Maria Ang		86,801
McNamee, Judith		93,436	Obbema, Danielle		87,237
McNeice, Bonnie		53,827	Olde, Stephen		75,237
Merasty, Arthur		58,130	Olde, Wendy		51,643
Meyer, Rosalie		69,914	Olson, Linnea		79,446
Meyers, Pam		65,378	Olson, Sharon		65,018
Meyers, Susan		55,242	Olson, Tiffany		59,041
Mierke, Flo		62,447	Olthuis, Kathryn		65,011
Miller, David		56,127	Otte, Bryan		60,089
Miller, Diane		84,374	Otte, Sharon		82,586
Miller, Rebecca		64,638	Paguio, Joann		73,654
Miller, Rhonda		82,661	Painter, Judith		65,365
Miller, Rose		51,870	Pangilinan, Michael		83,464
Mills, Brenda		59,754	Pannell, Maureen		59,028
Mills, Rae		83,341	Parchomchuk, Lynn		89,398
Mischuk, Connie		89,726	Parent, Kim		55,146
Mitchell, James		52,917	Parent, Yvette		85,881
Moar, Elizabeth		50,870	Pasayan, Loven Ken		55,177
Mokelki, Lois		89,633	Paul, Lendra		84,767
Moore, Karin		58,929	Paul, Leslie		53,004
Morash, Sharla		64,041	Pearson, Claudia		88,788
Moriarty, Judy		95,408	Peckham, Catherine		51,350
Moriarty, Linda		60,693	Pelletier, Elaine		64,568
Morley, Michelle		84,870	Penner, Grace		68,623

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Perez, Michael J.	$	78,970	Russell, David	$	61,264
Perkins, Jo Ann		67,374	Ruszkowski, Annette		55,456
Peter, Gale		95,217	Rye, Christine		93,360
Phaneuf, Shawn		100,607	Ryhorchuk, Meagan		58,000
Picot, Charmaine		84,786	Sabaratnam, Rathi		251,249
Piggott, John		139,987	Sabo, Faye		53,052
Pikaluk, Joan		57,043	Samuel, Holly		71,758
Pilon, Gail		77,686	Sand, Jolean		75,020
Poetker, Pat		85,218	Sande, Danielle		71,459
Pogorzelec, Ellen		56,797	Sander, Beverly		89,433
Porter, Barbara		99,691	Sanderson, Lisa		61,446
Porter, Beth		59,688	Sarchuk, Brenda		92,137
Porter, Pamela		107,681	Sauve, Barb		74,518
Poulin, Alexis		57,447	Sauve, Jocelyn		94,841
Poulin, Ivy		86,274	Sawatsky, Roxane		82,993
Pratt, Barbara		56,187	Sawchuk, Kelly		56,154
Prediger, Cheryl		114,976	Schenn, Joanne		81,548
Prete, Carol		65,001	Schmalz, Deanne		59,380
Priestley Blazic, Sandra		60,724	Schmalz, Ursula		58,279
Proulx, Jennifer		98,254	Schopp, Ashley		55,305
Puetz, Leah		101,603	Schopp, Tara		77,674
Quinn, Barbara		59,061	Schrader, Jocelyn		63,224
Quitoriano, Erminda M.		89,272	Scriven, Carlena		91,615
Rabeje, Cheryl		91,896	Scrivener, Diane		94,306
Rabut, Laurie		58,497	Seidle, Laura		67,722
Ralston, Margaret		91,638	Senina, Krizia		77,580
Ramos, Marivic		85,179	Serfas, Dennis		66,773
Rancourt, Nicole		64,162	Sevigny, Kendra		52,950
Randall, Brenda		52,601	Short, Carla		83,268
Rask, Lynn		120,218	Shyluk, Linda		87,810
Recina, Marjorie		80,507	Siegel, Brenna		60,630
Reed, Noreen		83,652	Simonson, Geraldine		67,761
Rempel, Elizabeth		53,118	Simpson, Frances		84,300
Rennie, Brieanne		54,177	Sims, Linda		107,548
Rennie, Cory		64,580	Sinclair, Pamela		57,418
Riekman, Marilyn		77,045	Skarpinsky, Betty		101,833
Riemer, Rochelle		54,726	Skibinsky, Darren		67,115
Roberts, Rhoda		89,363	Skibinsky, Debbie		69,675
Robins, Barbara		89,125	Skiffington, Rikki		83,119
Robinson, Sherry		84,627	Skinner, Sharon		73,449
Robinson, Tammy		67,215	Sletten, Cindy		60,666
Rock, Tyler		50,207	Slowenko, Sunyoung		57,827
Rolles, Cory		64,701	Small, Crystal		54,881
Romanchuk, Monica		58,694	Smandych, Donna		99,714
Ronquillo, Charisse		101,417	Smears, Shineen		57,844
Rosales, Nonita		60,374	Smith, Derrick		63,923
Ross, Alana		99,990	Smith, Jennifer		71,900
Ross, Lonnie		52,454	Smith, Raylene		53,321
Ross, Paul		86,427	Smith, Robert		51,561
Ross, Penny		90,015	Smith, Sheila		56,787
Ross, Peter		71,169	Smith, Susan		85,421
Roth, Alice		82,340	Smith Opseth, Valerie		54,382
Rousson, Audrey		108,705	Sommerfeld, Brenda		107,998
Roy, Jeannine		58,553	Sopal, Christopher		69,077
Rumbaoa, Paul Cedr		100,276	Sorenson, Connie		67,013

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Soron, Ashley	$ 61,312	Trueman, Carol	$ 116,743
Spademan, Gaye	87,852	Tuchscherer, Michelle	58,873
Spence, Carolyn	69,727	Tucker, Nola	99,582
Spence, Gary	54,639	Turgeon, Cheryl	50,335
Spicer, John	56,243	Tyckon, Laura	52,596
Springer, Paulette	96,027	Udey, Carolyn	86,397
Sproat, Charlene	72,969	Ulch, Gwen	97,824
Stadnyk, Lori	74,594	Underhill, Carla	117,857
Starblanket, Leanne	60,472	Urbaniak, Claire	67,699
Stefanski, Elizabeth	62,414	Utley, Mandy	56,139
Stefanyshyn, Cari Ann	78,430	Van Dyck, Caroline	60,403
Stenz, Edeltrud	60,751	Van Metre, Kimberly	60,895
Stevely, Vivian	56,258	Van Otterloo, Melissa	71,645
Sthamann, Michele	74,679	Van Walsem, Catharine	99,865
Stieb, Beatrice	50,411	Vankoughnett, Margaret	56,652
Stieb, Lee	51,759	Vansil, Heather	51,826
Stocki, Julie	70,575	Verbonac, Dayna	60,896
Straughan, Tracey	103,389	Vermette, Chasity	69,808
Street, Michelle	82,333	Vezeau, June	90,363
Strom, Carolyn	55,185	Viklund, Dianne	60,179
Stuart, Patricia	120,443	Villamar, Julius	80,202
Stuckel, Onnalee	67,413	Villarosa, Maria	76,288
Suchorab, Frank	112,247	Walker, Victoria	59,135
Suchorab, Linda	93,076	Wall, Cynthia	70,552
Surkan, Ida	54,240	Wallace, Emilie	59,232
Surprenant, Lorrie	92,037	Wallin, Lisa	57,211
Swanson, Marlene	78,835	Walter, Barbara	88,319
Swityk Conacher, Larissa	64,859	Walters, Jackie	86,017
Swystun, Rhea	57,815	Ward, Natalie	79,231
Szeszorak, Sylvia	56,929	Warkentin, Barbara	98,314
Tamayo, Lea Myrth	74,932	Waslak, Mary	63,931
Taylor, Iain	64,285	Wason, Richelle	61,674
Taylor, Jean	63,320	Wasylyshyn, Shelley	89,865
Taylor, Jeremy	67,503	Watson, Nav	50,174
Taylor, Victoria	56,642	Watts, Muriel	64,425
Teichreb, Brad	58,484	Weber, Pat	72,873
Teichreb, Trish	74,643	Weger, Cheryl	99,482
Tetarenko, Wallace	70,688	Weinrich, Bette Ann	55,852
Thesen, Barbara	75,918	Werk, Merv	81,013
Tholl, Betty	81,573	White, Leah	90,082
Thomas, Yvette	113,181	White, Millicent	55,262
Thommes, Anna	64,447	Wiederspick, Mildred	83,086
Thompson, Donna	66,061	Wiens, Arnold	55,501
Thompson, Elizabeth	84,470	Williams, Andrea	82,249
Thompson, Jamie	52,233	Willoughby, Dinah	85,320
Thompson, Kimberly	64,079	Wilson, Shelley	92,615
Thompson, Tannice	92,225	Winge, Deborah	110,895
Thorpe, Elizabeth	103,376	Wiser, Valerie	63,043
Tilford, Tom	70,560	Wooden, Diana	54,503
Tolofson, Alanna	53,536	Workman, Jolene	59,868
Toner, Kimberley	109,368	Worth, Crystal	55,754
Toner, Todd	62,198	Wotherspoon, Murray	57,935
Torborg, Alice	86,168	Wyand, Ron	67,665
Toullelan, Colleen	53,630	Young, Holly	88,244
Tourond, Lori	74,518	Young, Krystal	54,547

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Personal Services—Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more

Zagiel, Lynda	$	55,157	Zbaraschuk, Kelly	$	72,209
Zaleschuk, Richard		71,640	Zdrill, Samantha		60,167
Zanidean, Darlene		81,968	Zentner, Neil		117,125
Zanidean, Lorne		99,327	Zummack, Glendene		50,175
Zawislak, Kim		75,254	Zwack, Monique		95,372

Transfers—Listed, by program, are transfers to recipients who received $50,000 or more.

Blaine Lake Ambulance	$	279,121	Parkland Ambulance	$	1,917,345
Canadian Mental Health Assn		169,354	Prince Albert Mobile Crisis Unit		70,534
Cooperative Health		302,683	S.H.A.R.E.		511,911
Mont. St. Joseph Home Inc.		6,784,574	Spiritwood Ambulance		769,038
M.L.C.N. Elders Care Home Inc.		750,000			

Other Expenditures—Listed are payees who received $50,000 or more for expenditures not included in the other categories.

Minister of Finance	$	238,421
Public Employees Benefit Agency		348,947
Canada Revenue Agency		5,472,695
S.A.H.O.		6,660,042
SHEPP		11,475,064

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Supplier Payments—Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

627577 Sask Ltd (Dean Cantin)	$	114,061
3130827 Canada Inc (CPDN)		800,131
A1 Power Door		60,598
Abbott Laboratories Inc		133,121
Alcon Canada Inc		485,694
All About Blinds		70,904
AODBT Architecture Interior Design		716,495
Asiil Enterprises		50,426
Associated Radiologists		1,862,285
Bard Canada Inc.		51,760
Baxter Corporation		100,718
Beckman Coulter		121,239
Biomed Recovery & Disposal		219,665
Bomimed Inc.		71,112
Bowditch, Barb		64,558
Bunzl Distribution Inc.		234,199
Canadian Corps of Commissionaire		609,655
CAN-MED Healthcare		369,364
Carpet World		52,319
Cherry Insurance		89,924
City of Prince Albert		264,483
Covidien (Tycho Healthcare)		257,637
Dawn to Dusk Enterprise Ltd.		136,866
Delisle Computer Consulting		60,681
Dept of Property Management		653,441
Dominion Biologicals		54,077
Domco Construction		777,845
Draeger Medical Inc		54,889
Dr. Baqir-Hussain		383,858
Dr. Basson, Nico		252,685
Dr. Brijall, Shashi		380,700
Dr. Brown, James		68,258
Dr. Bulat, D -- Professional Corp		353,273
Dr. Chokani, Khami		232,029
Dr. Clark, Eric		338,675
Dr. Coertze, Louis		269,161
Dr. Cooper, Lilanie		325,264
Dr. Cross, James		144,175
Dr. Cruickshank, L.		302,724
Dr. Giede, K.C.		65,302
Dr. Harris, Steven		114,960
Dr. Hoogerboord, Cornelius		366,798
Dr. Hussain, M.Z.		70,196
Dr. Lambos, Peggy		349,843
Dr. Malhotra, T.		338,164
Dr. Marten, D.		268,956
Dr. Moe, Jan F.		99,684
Dr. Moodliar, S.		355,510
Dr. Moodley, Santheran		378,545
Dr. Obrigavitch, G.		55,479
Dr. Pillay. Y.		369,650
Dr. Rahmani, Mohammad		344,304
Dr. Ramji, A.		354,126
Dr. Rashid		62,269
Dr. Ribeiro, Ricardo.		266,016
Dr. Rossouw, Francois		250,310
Dr. Royeppen, E.	$	367,666
Dr. Shukla, K.		93,600
Dr. Silveira, Benzil		388,992
Dr. Sivertson, Joanne		238,755
Dr. Taj, Anita		61,667
Dr. Tennent, Alison		143,000
Dr. Udayasankar, Vijay		353,766
Dr. Van der Merwe, Sybil		286,347
Dr. Van Rensburg, A. Janse		105,814
Dr. Veith, Martin.		201,936
Dr. Wessels, Johan		318,565
EECOL Electric Ltd		142,552
Family Service Regina		60,000
Fisher Scientific Limited		61,334
Flaminio Ceilings & Wall System		199,553
GAMBRO Inc.		143,097
Glaxosmithkline		57,144
GE Healthcare		674,258
Granite Construction		166,928
Grand & Toy		155,545
Greenland Waste Disposal		73,929
Great West Life		626,794
HDA Engineering		99,055
HDR Architecture Associates		405,882
Healthmark Limited		146,735
Hill-Rom Canada		192,578
Hospira Healthcare Corporation		1,014,875
IBM Canada		2,358,352
Johnson & Johnson Medical Prod.		236,590
KCI Medical		191,917
Kenmac Mechanical Ltd.		270,965
Kildaw, Karen		100,088
KIN Enterprises		117,617
Leica Microsystems Canada Inc.		79,555
Linvatec Canada		71,532
Marsh Canada		327,661
Mastercard		175,346
Mckesson Canada Corporation		682,828
Mckesson Distribution Partners		211,058
Medical Imaging Consultants		69,053
Minister of Finance (CVA)		94,598
Nexen Marketing		583,439
Nicole Enterprises		94,634
Norseman Construction		60,184
North Sask Laundry & Support		2,459,030
Olympus Canada		89,150
Ortho Clinical Diagnostic Systems		112,935
P.A. Alarm Systems		60,144
P.A. Photocopier		128,263
P.A. Rental & Leasing Services		244,641
PADC Management Company		209,858
Parkland Ambulance		342,890
Pentax Canada Inc.		275,133
Peridot Medical Inc.		254,227
Phillips Medical Inc.		361,903
Physio Control Canada Corp		116,558

Appendix A: Prince Albert Parkland Regional Health Authority Payee Disclosure List For the year ending March 31, 2010

Supplier Payments—Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Pinnacle Distribution Inc.	$	92,259
Prakash Engineering Ltd.		149,452
Prairie Meats		156,225
QHR Software Inc		84,216
Quorex Construction		4,045,072
Racco Industrial Roofing		243,067
Ritchie, Hugh		52,873
RNF Ventures		106,871
Roche Diagnostics		163,170
RPG - Resource Planning Group Inc		126,538
Russell Food Equipment Limited		58,072
Saputo Milk Division		173,648
Sask Energy		755,661
Sask Power		1,575,752
Sask-Tel		346,967
Sask-Tel Mobility		147,724
Sask Worker's Compensation Board		1,825,572
Schaan Healthcare Products		2,589,560
Siemens Healthcare Diagnostics		520,822
Smiths Medical Canada Ltd		122,473
Smith & Nephew Inc.	$	352,827
Softchoice Corporation		91,502
Source Medical Corporation		801,130
SRNA		233,447
Steris Canada Limited		218,835
Stevens Company		202,174
Stryker Canada Inc.		328,995
Supreme Basics		244,825
SYSCO Food Services		1,460,696
Teleflex Medical		83,876
Thorpe Brothers Ltd		358,679
Trac Holdings Ltd.		154,473
Unisource Canada Supply Systems		73,503
Van Houtte Coffee Services Inc.		68,353
Vitalaire Healthcare		194,055
VWR International		52,595
WBM Office Systems		234,012
Zep Factory Outlet		151,635
Zimmer of Canada Limited		139,619

- Compassion
- Innovation
- Service Excellence
- Rewarding Work Life
- Healthy Communities

2009-10 Annual Report to the Minister of Health